

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-09-2008 90019 018 ****61.25

DOCUMENT # N05000006409 1. Entity Name OUR LADY OF ANGELS ST. JOSEPH'S MEDICAL CLINIC, INC.					
Principal Place of Business 131 W. INTENDENCIA ST. PENSACOLA FL 32502			Mailing Address 140 W. GOVERNMENT STREET PENSACOLA FL 32501		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 626 Suite, Apt. #, etc.			
City & State PENSACOLA, FL		City & State PENSACOLA, FL		4. FEI Number 04-3828416	
Zip 32591-0626		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BELL, CAFFEY 131 W INTENDENCIA ST PENSACOLA FL 32502				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and the principal officer. (NOTE: Registered Agent signature required when registering)					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <i>Administrator</i> BELL, CAFFEY 6073 SPANISH OAK DRIVE PENSACOLA FL 32426	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Lily Townsend</i> 131 W. Intendencia St. Pensacola, FL 32591 <i>Board member</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT <i>Medical Director</i> CONKLE, DAVID M 3080 BLACKSHEAR AVENUE PENSACOLA FL 32503	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC <i>Sec.</i> BOND, MARY 131 W INTENDENCIA ST PENSACOLA FL 32502 <i>Board Member</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <i>Board Member</i> FOLEY, PATRICK FATHER 140 W GOVERNMENT ST PENSACOLA FL 32502	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <i>Board member</i> BROWN, BILLY William 131 W INTENDENCIA ST PENSACOLA FL 32502	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <i>Board member</i> Donna Moore 131 W. Intendencia St Pensacola, FL 32591	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Caffey H. Bell</i> <i>24 Apr 08</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					