

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006409

FILED  
Aug 11, 2009  
Secretary of State

**Entity Name:** OUR LADY OF ANGELS ST. JOSEPH'S MEDICAL CLINIC, INC.

**Current Principal Place of Business:**

131 W. INTENDENCIA ST.  
PENSACOLA, FL 32502

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 626  
PENSACOLA, FL 325910626 US

**New Mailing Address:**

**FEI Number:** 04-3828416      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BELL, CAFFEY  
131 W INTENDENCIA ST  
PENSACOLA, FL 32502 US

**Name and Address of New Registered Agent:**

BROWN, WILLIAM C  
131 W INTENDENCIA ST  
PENSACOLA, FL 32502 US

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.

SIGNATURE: WILLIAM C. BROWN

08/11/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTA ( ) Delete  
Name: BELL, CAFFEY  
Address: 6073 SPANISH OAK DRIVE  
City-St-Zip: PENSACOLA, FL 32426

Title: VTMD ( ) Delete  
Name: CONKLE, DAVID M  
Address: 3080 BLACKSHEAR AVENUE  
City-St-Zip: PENSACOLA, FL 32503

Title: SBM ( ) Delete  
Name: BOND, MARY  
Address: 131 W INTENDENCIA ST  
City-St-Zip: PENSACOLA, FL 32502

Title: TBM ( ) Delete  
Name: FOLEY, PATRICK FATHER  
Address: 140 W GOVERNMENT ST  
City-St-Zip: PENSACOLA, FL 32502

Title: TBM ( ) Delete  
Name: BROWN, BILLY  
Address: 13144 INTENDENCIA ST  
City-St-Zip: PENSACOLA, FL 32502

Title: BM ( ) Delete  
Name: MOORE, DONNA  
Address: 131 W INTENDENCIA STREET  
City-St-Zip: PENSACOLA, FL 32591

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTA (X) Change ( ) Addition  
Name: MOORE, DONNA C  
Address: 131 W. INTENDENCIA  
City-St-Zip: PENSACOLA, FL 32502

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TBM (X) Change ( ) Addition  
Name: TOWNSEND, LILY  
Address: 131 INTENDENCIA ST  
City-St-Zip: PENSACOLA, FL 32502

Title: TRES (X) Change ( ) Addition  
Name: BROWN, WILLIAM  
Address: 131 W INTENDENCIA STREET  
City-St-Zip: PENSACOLA, FL 32502

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM C. BROWN

TRES

08/11/2009

Electronic Signature of Signing Officer or Director

Date