

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006409

FILED
Feb 07, 2012
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

Title: TBM
Name: TOWNSEND, LILY
Address: 131 INTENDENCIA ST
City-St-Zip: PENSACOLA, FL 32502

Title: TRES
Name: BROWN, WILLIAM
Address: 131 W INTENDENCIA STREET
City-St-Zip: PENSACOLA, FL 32502

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM BROWN

TRES

02/07/2012

Electronic Signature of Signing Officer or Director

Date