

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005005

FILED
Feb 27, 2009
Secretary of State

Entity Name: THE WAY FREE MEDICAL CLINIC, INC.

Current Principal Place of Business:

4915 HARVEY GRANT RD
ORANGE PK, FL 32003

New Principal Place of Business:

4915 HARVEY GRANT RD
FLEMING ISLAND, FL 32003

Current Mailing Address:

4915 HARVEY GRANT RD
ORANGE PK, FL 32003

New Mailing Address:

4915 HARVEY GRANT RD
FLEMING ISLAND, FL 32003

FEI Number: 76-0828154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GALLINA, JEAN
4915 HARVEY GRANT RD
ORANGE PK, FL 32003 US

Name and Address of New Registered Agent:

GALLINA, JEAN
4915 HARVEY GRANT RD
FLEMING ISLAND, FL 32003 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:

02/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GALLINA, JEAN
Address: 4915 HARVEY GRANT RD
City-St-Zip: ORANGE PARK, FL 32003

Title: T () Delete
Name: MASSEY, KATHY
Address: 6214 BAHAMA CT
City-St-Zip: ORANGE PARK, FL 32003

Title: S () Delete
Name: BLEECKER, SUSAN
Address: 1732 MARGARET'S WALK RD
City-St-Zip: ORANGE PARK, FL 32003

Title: D (X) Delete
Name: KEATING, NANCY J
Address: 3272 C.R. 209
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D (X) Delete
Name: HERNANDEZ, PATRICIA
Address: 3009 RUSSELL RD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GALLINA, JEAN
Address: 4915 HARVEY GRANT RD
City-St-Zip: FLEMING ISLAND, FL 32003

Title: T (X) Change () Addition
Name: MALONE, MARTHA
Address: 4973 APACHE AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: S (X) Change () Addition
Name: BLEECKER, SUSAN
Address: 1732 MARGARET'S WALK RD
City-St-Zip: FLEMING ISLAND, FL 32003

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

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

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: JEAN GALLINA

P

02/27/2009

Electronic Signature of Signing Officer or Director

Date