

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005005

FILED
Feb 03, 2010
Secretary of State

Entity Name: THE WAY FREE MEDICAL CLINIC, INC.

Current Principal Place of Business:

4915 HARVEY GRANT RD
FLEMING ISLAND, FL 32003

New Principal Place of Business:

1107 MARTIN LUTHER KING JR. BLVD.
GREEN COVE SPRINGS, FL 32043

Current Mailing Address:

4915 HARVEY GRANT RD
FLEMING ISLAND, FL 32003

New Mailing Address:

1107 MARTIN LUTHER KING JR. BLVD.
GREEN COVE SPRINGS, FL 32043

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
FLEMING ISLAND, FL 32003 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: P
Name: GALLINA, JEAN
Address: 4915 HARVEY GRANT RD
City-St-Zip: FLEMING ISLAND, FL 32003

Title: T
Name: MALONE, MARTHA
Address: 4973 APACHE AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: S
Name: GRANTHAM, PEGGY
Address: 6497 RIVERPOINT RD.
City-St-Zip: FLEMING ISLAND, FL 32003

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: JEAN GALLINA

P

02/03/2010

Electronic Signature of Signing Officer or Director

Date