2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# N06000011319

Entity Name: POLK COMMUNITY CLINIC, INC.

Current Principal Place of Business:

118 ALLAMANDA DRIVE
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

PO BOX 2186
BARTOW, FL 33831

New Mailing Address:

FEI Number: 71-1015494 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEOANE, SERGIO B
118 ALLAMANDA DRIVE
LAKELAND, FL 33803 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: D ( ) Delete
Name: SEOANE, SERGIO B
Address: 118 ALLAMANDA DRIVE
City-St-Zip: LAKELAND, FL 33803

Title: D ( ) Delete
Name: MCMICKEN, SEAN
Address: 118 ALLAMANDA DRIVE
City-St-Zip: LAKELAND, FL 33803

Title: D ( ) Delete
Name: AGUILERA, LILLIAN
Address: 118 ALLAMANDA DRIVE
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: SERGIO B. SEOANE MR. 02/16/2009

Electronic Signature of Signing Officer or Director — Date