


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2008 8:00 am**  
**Secretary of State**

07-16-2008 90009 022 \*\*\*\*61.25

|   |                                 |   |   |   |  |
|---|---------------------------------|---|---|---|--|
| <b>DOCUMENT # N07000011089</b>  |                                 |   |   |  |  |
| <b>1. Entity Name</b><br>OUR LADY OF GUADALUPE GUILD FOR HEALTHCARE WORKERS, DIOCESE OF PENSACOLA - TALLAHASSEE, INC.   |                                 |   |   |   |  |
| <b>Principal Place of Business</b><br>2727 CAPITAL MEDICAL BLVD SUITE A<br>TALLAHASSEE, FL 32308  |                                 |   | <b>Mailing Address</b><br>2727 CAPITAL MEDICAL BLVD SUITE A<br>TALLAHASSEE, FL 32308  |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>2888 Mahan Dr.<br>Suite, Apt. #, etc. <u>Ste 6</u>   |                                 | <b>3. Mailing Address</b><br>2888 Mahan Dr<br>Suite, Apt. #, etc. <u>Ste 6</u>  |   |   |  |
| <b>City &amp; State</b><br>Tallahassee, FL<br>Zip <u>32308</u> Country <u>Leon</u>  |                                 | <b>City &amp; State</b><br>Tallahassee, FL<br>Zip <u>32308</u> Country <u>Leon</u>  |   | <b>4. FEI Number</b><br>07072008 Chg-NP CR2E037 (12/06)                           |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |                                 |   |   |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br>OLIVER, H.W. MD<br>2727 CAPITAL MEDICAL BLVD SUITE A<br>TALLAHASSEE, FL 32308   |                                 |   | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |   |  |
| <b>8. 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. I am familiar with, and accept the obligations of registered agent.</b><br>SIGNATURE <u>H.W. Oliver, M.D.</u> (NOTE: Registered Agent signature required when reinstating) DATE _____  |                                 |   |   |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by September 12, 2008</b>  |                                 | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to</b><br><b>Florida Department of State</b>                |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |                                 |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                      |  |
| TITLE <u>D</u><br>NAME <u>OLIVER, H.W. MD</u><br>STREET ADDRESS <u>2727 CAPITAL MEDICAL BLVD SUITE A</u><br>CITY-ST-ZIP <u>TALLAHASSEE, FL 32308</u>  | <input type="checkbox"/> Delete |   | TITLE <u>X</u> Change <input type="checkbox"/> Addition<br>NAME <u>2888 Mahan Dr Ste 6 Talla, FL</u><br>STREET ADDRESS _____<br>CITY-ST-ZIP _____                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE <u>D</u><br>NAME <u>THABES, JOHN MD</u><br>STREET ADDRESS <u>2617 MITCHUM DR. SUITE 103</u><br>CITY-ST-ZIP <u>TALLAHASSEE, FL 32308</u>   | <input type="checkbox"/> Delete |   | TITLE _____<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE <u>D</u><br>NAME <u>BALTHAZAR, EFROM MD</u><br>STREET ADDRESS <u>2309 TRESPOTT DR</u><br>CITY-ST-ZIP <u>TALLAHASSEE, FL 32308</u>   | <input type="checkbox"/> Delete |   | TITLE _____<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE _____<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____  | <input type="checkbox"/> Delete |   | TITLE _____<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE _____<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____  | <input type="checkbox"/> Delete |   | TITLE _____<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE _____<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____  | <input type="checkbox"/> Delete |   | TITLE _____<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 677, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b> |                                 |   |   |   |  |
| <b>SIGNATURE:</b> <u>[Signature]</u> <u>070708</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #   |                                 |   |   |   |  |