

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012092

FILED
Mar 04, 2010
Secretary of State

Entity Name: WASHINGTON COUNTY FAMILY HEALTH CENTER, INC.

Current Principal Place of Business:

1338 S BOULEVARD
CHIPLEY, FL 32428

New Principal Place of Business:

Current Mailing Address:

PO BOX 648
CHIPLEY, FL 32428

New Mailing Address:

FEI Number: 26-2674132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ODOM, KRISTI M ESQ.
844 5TH STREET
CHIPLEY, FL 32428 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: C
Name: HERBERT, PETER
Address: 1331 SOUTH BLVD
City-St-Zip: CHIPLEY, FL 32428

Title: VC
Name: WEBBER, LORA
Address: 1360 BRICKYARD ROAD
City-St-Zip: CHIPLEY, FL 32428

Title: T
Name: TAYLOR, JOE
Address: 4254 SHELL LANDING ROAD
City-St-Zip: VERNON, FL 32462

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: RICHARD E. DAVIS JR.

ADMI

03/04/2010

Electronic Signature of Signing Officer or Director

Date