

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006651

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: MEDICAL MISSION GUILD, INC.

**Current Principal Place of Business:**

1879 PROFESSIONAL PARK CIRCLE  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

1879 PROFESSIONAL PARK CIRCLE  
TALLAHASSEE, FL 32308

**New Mailing Address:**

FEI Number: 26-2984686

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WHITTIER, ROBERT P.C. M.D.  
1879 PROFESSIONAL PARK CIRCLE  
TALLAHASSEE, FL 32308 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: WHITTIER, ROBERT P.C. MD  
Address: 1879 PROFESSIONAL PARK CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: PATTERSON, TODD D.O.  
Address: 1318 N MONROE ST #E  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete  
Name: PURVIS, DORIS M.D.  
Address: 2202 STATE AVENUE #303-B  
City-St-Zip: PANAMA CITY, FL 32405

**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: ROBERT P.C. WHITTIER

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date