

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007567

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: MD HOUSE CALL, INC

## Current Principal Place of Business:

4616 N DAVIS HWY  
PENSICOLA, FL 32503

## New Principal Place of Business:

## Current Mailing Address:

23638 LYONS AVE #223  
NEWHALL, CA 91321

## New Mailing Address:

16 PORT WAY  
PENSACOLA, FL 32502

FEI Number: 94-3445781

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REGISTERED AGENTS OF AMERICA, INC.  
199 EAST FLAGLER STREET #510  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

HOVANESIAN, ARCHIBALD ESQUIRE  
16 PORT WAY  
PENSACOLA, FL 32502 US

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: ARCHIBALD HOVANESIAN, ESQUIRE  
Electronic Signature of Registered Agent

04/24/2009  
Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: JONES, SR., KURT D M.D.  
Address: 4616 N DAVIS HWY  
City-St-Zip: PENSICOLA, FL 32503

Title: D ( ) Delete  
Name: CROSSWRIGHT, JR., EARL J M.D.  
Address: 841 W MALLORY ST.  
City-St-Zip: PENSICOLA, FL 32501

Title: D ( ) Delete  
Name: BOURGES-JONES, SHARON  
Address: 4616 N DAVIS HWY  
City-St-Zip: PENSICOLA, FL 32503

## 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: KURT D. JONES, SR., MD  
Electronic Signature of Signing Officer or Director

D  
04/24/2009  
Date