

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010863

FILED
Jun 30, 2009
Secretary of State

Entity Name: HOPE MEDICAL CLINIC, INC.

Current Principal Place of Business:

150 BEACH DRIVE
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

150 BEACH DRIVE
DESTIN, FL 32541

New Mailing Address:

FEI Number: 26-3811078 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COFFIELD SACHS, COLLEEN ESQ.
% CHESSER & BARR, P.A.
36468 EMERALD COAST PARKWAY, SUITE 7102
DESTIN, FL 32541 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LENTZ, LUKE
Address: 15200 EMERALD COAST PKWY, ST MAARTEN #506
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: ROBERTS, TIMOTHY
Address: 236 HUCK
City-St-Zip: SANTA ROSA BEACH, FL 32549

Title: D () Delete
Name: KEY, MELISSA
Address: 4463 D LUKE AVENUE
City-St-Zip: DESTIN, FL 32541

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: TIMOTHY ROBERTS

MR

06/30/2009

Electronic Signature of Signing Officer or Director

Date