2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2010
Secretary of State

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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)**

Name and Address of Current Registered Agent:

COFFIELD SACHS, COLLEEN ESQ.
% CHESSER & BARR, P.A.
36468 EMERALD COAST PARKWAY, SUITE 7102
DESTIN, FL 32541 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
Name: LENTZ, LUKE
Address: 15200 EMERALD COAST PKWY, ST MAARTEN #506
City-St-Zip: DESTIN, FL 32541

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

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

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: TIMOTHY ROBERTS MR 03/26/2010
Electronic Signature of Signing Officer or Director — Date