2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010927

City-St-Zip:

HOMESTEAD, FL 33030

FILED Apr 14, 2009 Secretary of State

DOCON	1 - 1 1 1 m 1 1 0 0	0000010021		Secretary of State	
Entity Nar	me: NEIGHB	ORHOOD MEDICAL SERVICE	S, INC.		
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
1630 NW 6 FLORIDA (STH AVE CITY, FL 3303	34			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
139 NE 15 HOMESTE	TH ST EAD, FL 3303	0			
FEI Number:	: 22-3062481	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of	New Registered Agent:	
AZOY TAX 30420 S DIXIE HWY HOMESTEAD, FL 33030 US			GUTLEBER, MARIA E 19051 SW 272 ST HOMSTEAD, FL 33031	US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE: MARIA E GUTLEBER				04/14/2009	
	Electro	nic Signature of Registered Age	ent	Date	
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (GUTLEBER, JO 139 NE 15TH S HOMESTEAD,	ST	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP (GUTLEBER, M 139 NE 15TH S HOMESTEAD,	ST	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address:	,	i) Delete NTES, BEATRIZ STEAD BLVD	Title: (Name: Address:) Change () Addition	

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.

City-St-Zip:

SIGNATURE: MARIA E. GUTLEBER VP 04/14/2009