

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008800

FILED
May 02, 2010
Secretary of State

Entity Name: THE HENRY MEDICAL CENTER, INC.

Current Principal Place of Business:

5408 TOURAINE DR
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

PO BOX 14871
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

LAW OFFICE OF NICOLE VALERIE JOHNSON PA
2866 WATERBROOK WAY
TALLAHASSEE, FL 32312 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: DP
Name: HENRY, LIONEL
Address: 5408 TOURAINE DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: D
Name: HENRY, MARIA
Address: 5408 TOURAINE DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: D
Name: HENRY, KHARY
Address: 5408 TOURAINE DR
City-St-Zip: TALLAHASSEE, FL 32308

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: LIONEL HENRY

DP

05/02/2010

Electronic Signature of Signing Officer or Director

Date