

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002961

FILED
Apr 16, 2012
Secretary of State

Entity Name: NORTH CENTRAL FLORIDA FAMILY HEALTH CENTER, INC.

Current Principal Place of Business:

224 SE 24TH ST
GAINESVILLE, FL 32641 US

New Principal Place of Business:

Current Mailing Address:

224 SE 24TH ST
GAINESVILLE, FL 32641 US

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNDEN, JEAN
224 SE 24TH ST
GAINESVILLE, FL 32641 US

Name and Address of New Registered Agent:

MYERS, PAUL
224 SE 24TH ST
GAINESVILLE, FL 32641 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: PAUL MYERS

04/16/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: WOODS, GEORGE W
Address: 3861 NW 19TH ST
City-St-Zip: GAINESVILLE, FL 32605 US

Title: VP
Name: WARREN, ELMIRA K
Address: 218 SE 24TH ST
City-St-Zip: GAINESVILLE, FL 32641 US

Title: T
Name: SALOMON, JORGE
Address: 2337 SW ARCHER RD, APT. 1016
City-St-Zip: GAINESVILLE, FL 32608 US

Title: SEC
Name: CALVERT, JOY
Address: 5679 NE 54TH PL
City-St-Zip: HIGH SPRINGS, FL 32643 US

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: DIANE DIMPERIO

REC

04/16/2012

Electronic Signature of Signing Officer or Director

Date