2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N47064

Entity Name: ESCAMBIA COMMUNITY CLINICS, INC.

Current Principal Place of Business:

2200 N PALAFOX ST
PENSACOAL, FL 32501 US

New Principal Place of Business:

Current Mailing Address:

2200 N PALAFOX ST
PENSACOAL, FL 32501 US

New Mailing Address:

FEI Number: 59-3105246 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TURNER, DON R
2200 N PALAFOX ST
PENSACOLA, FL 32501 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: TD ( ) Delete
Name: ELMORE, BUDDY L
Address: 5606 FIRESTONE DR
City-St-Zip: PACE, FL 32571

Title: SD ( ) Delete
Name: BAYER, CHRIS
Address: 213 DOPHIN ST
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Delete
Name: PERKINS, WILLIAM
Address: 9249 BELL RIDGE DR
City-St-Zip: PENSACOLA, FL 32526

Title: D ( ) Delete
Name: BARTON, DENISE
Address: 4771 BAYOU BLVD. #323
City-St-Zip: PENSACOLA, FL 32503

Title: PD ( ) Delete
Name: PORTER, JOHN
Address: 1333 UPLAND CREST CT
City-St-Zip: GULF BREEZE, FL 32563

Title: VD ( ) Delete
Name: IRWIN, LAURA
Address: 3591 MENRNDEZ DR
City-St-Zip: PENSACOLA, FL 32503

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:

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: BUDDY ELMORE TD 04/30/2008
Electronic Signature of Signing Officer or Director Date