

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47064

FILED
Mar 23, 2009
Secretary of State

Entity Name: ESCAMBIA COMMUNITY CLINICS, INC.

Current Principal Place of Business:

2200 N PALAFOX ST
PENSACOLA, FL 32501 US

New Principal Place of Business:

Current Mailing Address:

2200 N PALAFOX ST
PENSACOLA, FL 32501 US

New Mailing Address:

FEI Number: 59-3105246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: EMMANUEL, RICK
Address: 30 S SPRING ST
City-St-Zip: PENSACOLA, FL 32502

Title: D () Delete
Name: RITCHIE, BUZZ
Address: 40 N PALAFOX ST
City-St-Zip: PENSACOLA, FL 32509

Title: D () Delete
Name: BUTLER, KRIS
Address: 840 W LAKEVIEW AVE
City-St-Zip: PENSACOLA, FL 32501

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 MENRDEZ 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
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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

03/23/2009

Electronic Signature of Signing Officer or Director

Date