

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47064

FILED
Jun 22, 2010
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:

2200 N PALAFOX ST
PENSACOLA, FL 32501 US

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
Name: ELMORE, BUDDY L
Address: 5606 FIRESTONE DR
City-St-Zip: PACE, FL 32571

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

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

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

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

Title: VD
Name: IRWIN, LAURA
Address: 3591 MENRINDEZ DR
City-St-Zip: PENSACOLA, FL 32503

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: BUDDY ELMORE

TD

06/22/2010

Electronic Signature of Signing Officer or Director

Date