

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004739

Entity Name: HERNANDO DOCTORS CLINIC, INC.

FILED
Jan 06, 2004
Secretary of State

Current Principal Place of Business:

12395 CORTEZ BLVD
BROOKSVILLE, FL 34613

New Principal Place of Business:

Current Mailing Address:

4345 HAGEN AVE
SPRING HILL, FL 34608

New Mailing Address:

FEI Number: 59-3218208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLINTON J. MCGREW MD
12395 CORTEZ BLVD
HERNANDO DOCTORS' CLINIC
BROOKSVILLE, FL 34613 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: D () Delete
Name: CLINTON J. MCGREW MD,
Address: 4345 HAGEN AVE
City-St-Zip: SPRING HILL, FL

Title: D () Delete
Name: S.N. DIAVAHI MD,
Address: 11371 CORTEZ BLVD.
City-St-Zip: BROOKSVILLE, FL

Title: D () Delete
Name: POWELL, SANDRA J
Address: 1477 DEBORAH DR
City-St-Zip: SPRING HILL, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CLINTON J. MCGREW MD,
Address: 4345 HAGEN AVE
City-St-Zip: SPRING HILL, FL 34608 US

Title: D (X) Change () Addition
Name: S.N. DIAVAHI MD,
Address: 11371 CORTEZ BLVD.
City-St-Zip: BROOKSVILLE, FL 34613 US

Title: D (X) Change () Addition
Name: POWELL, SANDRA J
Address: 1477 DEBORAH DR
City-St-Zip: SPRING HILL, FL 34609 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CLINTON J. MCGREW, JR. MD

D

01/06/2004

Electronic Signature of Signing Officer or Director

Date