2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000004739

1. Entity Name
HERNANDO DOCTORS CLINIC, INC.

Principal Place of Business	Mailing Address
12395 CORTEZ BLVD BROOKSVILLE, FL 34613	4345 HAGEN AVE SPRING HILL, FL 34608

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01172006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3218208

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CLINTON J. MCGREW MD
12395 CORTEZ BLVD
HERNANDO DOCTORS' CLINIC
BROOKSVILLE, FL 34613

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CLINTON J. MCGREW MD
STREET ADDRESS	4345 HAGEN AVE
CITY-ST-ZIP	SPRING HILL, FL 34608
TITLE	D
NAME	S.N. DIAVAHI MD
STREET ADDRESS	11371 CORTEZ BLVD
CITY-ST-ZIP	BROOKSVILLE, FL 34613
TITLE	D
NAME	POWELL, SANDRA J
STREET ADDRESS	1477 DEBORAH DR
CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/30/06-80022-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/17/06 CLINTON J. MCGREW, JR. 352 683-1877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #