
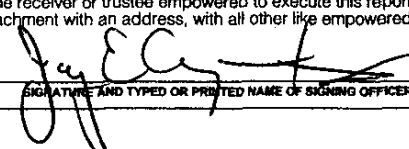


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90231 024 ****61.25

DOCUMENT # N95000004968					
1. Entity Name LA CLINICA GUADALUPANA, INC.					
Principal Place of Business 1000 LAKEVIEW RD. #4 CLEARWATER, FL 33756 US			Mailing Address 1000 LAKEVIEW RD. #4 CLEARWATER, FL 33756 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3348864	
5. Certificate of Status Desired <input type="checkbox"/> \$8 Fe				03062006 Chg-NP CR2E037	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HALISKY, JAN G 507 SOUTH PROSPECT AVENUE CLEARWATER, FL 34616			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL		
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 the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	SD	XX change
NAME	CARPENTER, JAY E MD		NAME	Sonia Morales	
STREET ADDRESS	612 HARBOR ISLAND		STREET ADDRESS	138 Old Oak Circle	
CITY-ST-ZIP	CLEARWATER, FL 33767		CITY-ST-ZIP	Palm Harbor, FL 33756	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	TD	XX change
NAME	MORALES, RICARDO		NAME	Jana Carpenter	
STREET ADDRESS	158 OLD OAK CIRCLE		STREET ADDRESS	612 Harbor Island	
CITY-ST-ZIP	PALM HARBOR, FL 33756		CITY-ST-ZIP	Clearwater, FL 33767	
TITLE	STD	XX Delete	TITLE	D	XX add
NAME	MORALES, SONIA		NAME	Jan G. Halisky	
STREET ADDRESS	138 OLD OAK CIRCLE		STREET ADDRESS	507 S. Prospect Avenue	
CITY-ST-ZIP	PALM HARBOR, FL 33756		CITY-ST-ZIP	Clearwater, FL 33756	
TITLE	D	XX Delete	TITLE		<input type="checkbox"/>
NAME	CARPENTER, JANA		NAME		
STREET ADDRESS	612 HARBOR ISLAND		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33767		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/>
NAME	REYES, MANUEL		NAME		
STREET ADDRESS	2909 SWEET GUM WAY S		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33761		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/>
NAME	PALKA, EDWIN REV		NAME		
STREET ADDRESS	14404 14TH STREET		STREET ADDRESS		
CITY-ST-ZIP	DADE CITY, FL 33523		CITY-ST-ZIP		
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 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that the name appears in the attachment with an address, with all other like empowered.					
PLEASE SIGN		PLEASE DATE			
SIGNATURE: 		Jay E. Carpenter, M.D.		3/9 / 06 727/443-3470	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Day	

ATTACHMENT
20016653

DOCUMENT #N95000004968

LA CLINICA GUADALUPANA, INC.

2006 Not-For-Profit Corporation Annual Report

Column 10 (cont'd)

Title D
Name Paul J. Farley
Street Address 1502 Haven Bend
City-St.-Zip Tampa, FL 33755

Title D
Name Patricia Farley
Street Address 1502 Haven Bend
City-St.-Zip Tampa, FL 33755

Title D
Name Joseph D. Magri
Street Address 1704 Cyprus Avenue
City-St.-Zip Belleair, FL 33756