


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90059 010 ****70.00

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 - No P.O. Box #		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				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HALISKY, JAN G 507 SOUTH PROSPECT AENUE CLEARWATER, FL 34616				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
Filing Fee Is \$61.25 Due by May 1, 2007		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 IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORALES, SONIA 138 OLD OAK CIR CLEARWATER, FL 33756	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARPENTER, JAY E. M.D. 612 HARBOR ISLAND CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARPENTER, JANA 612 HARBOR ISLAND CLEARWATER BEACH, FL 33767	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORALES, RICARDO 158 OLD OAK CIRCLE PALM HARBOR, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALISKY, JAN G 507 S PROSPECT AVE CLEARWATER, FL 33756	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL J. FARLEY 1502 HAVEN BEND TAMPA, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYES, MANUEL 2909 SWEET GUM WAY S CLEARWATER, FL 33761	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICIA FARLEY 1502 HAVEN BEND TAMPA, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALKA, EDWIN REV 14404 14TH STREET DADE CITY, FL 33523	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGRI, JOSEPH D. 1704 CYPRUS AVENUE BELLEAIR, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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.					
PLEASE SIGN--> SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Jay E. Carpenter, M.D., Pres. 3/14/07 727-443-3470 <small>Daytime Phone #</small>			

PLEASE DATE-->