

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004968

FILED
May 19, 2009
Secretary of State

Entity Name: LA CLINICA GUADALUPANA, INC.

Current Principal Place of Business:

1000 LAKEVIEW RD. #4
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

1000 LAKEVIEW RD. #4
CLEARWATER, FL 33756 US

New Mailing Address:

FEI Number: 59-3348864 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HALISKY, JAN G
507 SOUTH PROSPECT AVENUE
CLEARWATER, FL 34616 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: SD () Delete
Name: MORALES, SONIA
Address: 138 OLD OAK CIR
City-St-Zip: CLEARWATER, FL 33756

Title: TD () Delete
Name: CARPENTER, JANA
Address: 612 HARBOR ISLAND
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: D () Delete
Name: HALISKY, JAN G
Address: 507 S PROSPECT AVE
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: REYES, MANUEL
Address: 2909 SWEET GUM WAY S
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: PALKA, EDWIN REV
Address: 14404 14TH STREET
City-St-Zip: DADE CITY, FL 33523

Title: PD () Delete
Name: CARPENTER, JAY E M.D.
Address: 612 HARBOR ISLAND
City-St-Zip: CLEARWATER BEACH, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MORALES, RICARDO
Address: 138 OLD OAK CIRCLE
City-St-Zip: CLEARWATER, FL 33756

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JANA Q. CARPENTER

RN

05/19/2009

Electronic Signature of Signing Officer or Director

Date