## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000004968

Apr 29, 2010 Secretary of State

Entity Name: LA CLINICA GUADALUPANA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

1000 LAKEVIEW RD. #4 1000 LAKEVIEW RD. CLEARWATER, FL 33756 US

STE #4

CLEARWATER, FL 33756 US

**Current Mailing Address: New Mailing Address:** 

1000 LAKEVIEW RD. #4 1000 LAKEVIEW RD.

STE. #4 CLEARWATER, FL 33756 US CLEARWATER, FL 33756 US

FEI Number: 59-3348864 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HALISKY, JAN G 507 SOUTH PROSPECT AENUE CLEARWATER, FL 34616

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:** 

MORALES, SONIA Name: Address: 138 OLD OAK CIR City-St-Zip: CLEARWATER, FL 33756

Title:

Name: CARPENTER, JANA Address: 612 HARBOR ISLAND

City-St-Zip: CLEARWATER BEACH, FL 33767

Title:

HALISKY, JAN G Name: Address: 507 S PROSPECT AVE City-St-Zip: CLEARWATER, FL 33756

Title: VΡ

Name: MORALES, RICARDO Address: 138 OLD OAK CIRCLE City-St-Zip: CLEARWATER, FL 33756

Title:

PALKA, EDWIN REV Name: Address: 14404 14TH STREET DADE CITY, FL 33523 City-St-Zip:

Title:

CARPENTER, JAY E M.D. Name: Address: 612 HARBOR ISLAND

CLEARWATER BEACH, FL 33767 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: JAN G HALISKY D 04/29/2010