

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004968

FILED
Feb 10, 2011
Secretary of State

Entity Name: LA CLINICA GUADALUPANA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3348864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

HALISKY, JAN G
507 SOUTH PROSPECT AVENUE
CLEARWATER, FL 33756 US

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:

02/10/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD
Name: CARPENTER, JANA
Address: 612 HARBOR ISLAND
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: TD
Name: TALSNESS, STEVEN L
Address: 507 SOUTH PROSPECT AVENUE
City-St-Zip: CLEARWATER, FL 33756

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

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

Title: D
Name: PALKA, EDWIN REV
Address: 32832 ST. ANTHONY'S WAY
City-St-Zip: SAN ANTONIO, FL 33576

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

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

02/10/2011

Electronic Signature of Signing Officer or Director

Date