

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000001891

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** IN HIS CARE MEDICAL MINISTRIES, INC.

**Current Principal Place of Business:**

137 LINDEN STREET  
CLERMONT, FL 34711

**New Principal Place of Business:**

26813 AUGUSTA SPRINGS CIRCLE  
LEESBURG, FL 34748

**Current Mailing Address:**

137 LINDEN STREET  
CLERMONT, FL 34711

**New Mailing Address:**

26813 AUGUSTA SPRINGS CIRCLE  
LEESBURG, FL 34748

**FEI Number:** 31-1549501

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOODARD, VIVIAN J MD  
137 LINDEN STREET  
CLERMONT, FL 34711 US

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

WOODARD, VIVIAN J MD  
26813 AUGUSTA SPRINGS CIRCLE  
LEESBURG, FL 34748 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: VIVIAN J WOODARD M.D.

04/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DCPT  
Name: WOODARD, VIVIAN J M.D.  
Address: 26813 AUGUSTA SPRINGS CIRCLE  
City-St-Zip: LEESBURG, FL 34748

Title: D  
Name: HARVEY, MARTHA  
Address: 7033 WATSEKA AVE  
City-St-Zip: ORLANDO, FL 32818

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: VIVIAN J WOODARD M.D.

DCPT

04/28/2011

Electronic Signature of Signing Officer or Director

Date