

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001891

FILED
Apr 24, 2012
Secretary of State

Entity Name: IN HIS CARE MEDICAL MINISTRIES, INC.

Current Principal Place of Business:

26813 AUGUSTA SPRINGS CIRCLE
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

26813 AUGUSTA SPRINGS CIRCLE
LEESBURG, FL 34748

New Mailing Address:

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
26813 AUGUSTA SPRINGS CIRCLE
LEESBURG, FL 34748 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: 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

DCPT

04/24/2012

Electronic Signature of Signing Officer or Director

Date