2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
05-16-2001 90398 037 ****61.25

0016661

DOCUMENT # N98000000527

1. Entity Name

FAITH HEALTH CLINIC, INC.

Principal Place of Business	Mailing Address
4182 BALTZELL STREET MARIANNA FL 32446	P O BOX 796 MARIANNA FL 32447

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SWEARINGEN, GLENDA F 4431 LAFAYETTE STREET MARIANNA FL 32446	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TP ANDEM, EFIONG DR. 4461 BROAD ST. MARIANNA FL 32446	☐ Delete	TITLE C NAME STREET ADDRESS CITY-ST-ZIP	CHAIRPERSON SWEARINGEN, GLENDA 4431 LAFAYETTE STREET MARIANNA, FL 32446	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TST BARBER, DEBBIE 4912 DONNA DR. MARIANNA FL 32446	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER FARABEE, SHERRIE 4920 DORIS DRIVE MARIANNA, FL 32446	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TVP CULBREATH, LAURENCE 5058 JEANETTE DR. MARIANNA FL 32446	☒ Delete	TITLE S NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MORTON, MARY JO 3010 COLLEGE STREET MARIANNA, FL 32446	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BAXTER, FLOYCE P.O. BOX 343 MARIANNA FL 32447	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	HUDSON, ETTA T. BOARD MEMBER 2357 YOUPON LANE BONIFAY, FL 32425	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RUSSELL, RAMONA 2371 HWY 73 MARIANNA FL 32446	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER DR FRANK HYLES 4598 FOREST PARK DRIVE MARIANNA, FL 32446	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILLIS, DEBORAH 974 VIEW DR. ALFORD FL 32420	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER DR ROBERT HOPE 3085 WATSON DRIVE MARIANNA, FL 32446	☐ Change ☒ Addition

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR EFIONG ANDEM SIGNATURE REQUIRED 5/1/01 850-547-5404

Attachment 844414 / DOC#N9800000527

11 CONTINUED

TITLE: D ☒ ADDITION

NAME: MIKE HODGES

STREET ADDRESS: 2374 HIGHWAY 73

CITY-ST-ZIP: MARIANNA, FL 32448

TITLE: D ☒ ADDITION

NAME: WILLIAM LONG

STREET ADDRESS: JACKSON HOSPITAL, 4250 HOSPITAL DRIVE

CITY-ST-ZIP: MARIANNA, FL 32446

TITLE: D ☒ ADDITION

NAME: DON MOORE

STREET ADDRESS: 4433 DOROTHY STREET

CITY-ST-ZIP: MARIANNA, FL 32446