2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2012
Secretary of State

DOCUMENT# N98000000527

Entity Name: FAITH HEALTH CLINIC, INC.

Current Principal Place of Business:

4182 BALTZELL STREET
MARIANNA, FL 32446

New Principal Place of Business:

Current Mailing Address:

P O BOX 796
MARIANNA, FL 32447

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWEARINGEN, GLENDA F
4431 LAFAYETTE STREET
MARIANNA, FL 32446 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: PRES
Name: ANDEM, EFIONG DR.
Address: P.O. BOX 844
City-St-Zip: MARIANNA, FL 32447

Title: VP
Name: PRESCOTT, LARUE O
Address: 4664 SHANKLE DRIVE
City-St-Zip: MARIANNA, FL 32446

Title: BDM
Name: ANDEM, EMMA
Address: P.O. BOX 844
City-St-Zip: MARIANNA, FL 32446

Title: TREA
Name: BARBER-REHBERG, GRACE
Address: 4911 DONNA DRIVE
City-St-Zip: MARIANNA, FL 32446

Title: BDM
Name: RUSSELL, RAMONA
Address: 2371 HWY 73
City-St-Zip: MARIANNA, FL 32448

Title: BDM
Name: WILLIS, VAN DR
Address: 974 VIEW DRIVE
City-St-Zip: ALFORD, FL 32420

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: DR EFFIONG ANDEM PRES 01/31/2012

Electronic Signature of Signing Officer or Director — Date