2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9800000527

1. Entity Name

FAITH HEALTH CLINIC, INC.



FILED Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90028 034 ****61.25

Principal Plac	e of Business		Mailing Address		····					
, .			P O BOX 796					~4		
MARIANNA FL	32446		- MARIANNA FL-32447				1.10			_
						1 (88) (8) (8)				
2. Principal P	lace of Busine	ess	3. Mailing Address							
AS ABOUC			H3 F	AS ABOVE				•••••	1561 1521	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING (CHANGES			
City & State		City & State			4. FEI Number NOT APPLICABLE Applied For				1	
									t Applicable]
Zip Country		Zip	Zip Country		5. Certificate of Status Desired					
	6. Name a	and Address of Current F	Registered Agent	<u> </u>		7. Name and Add	ress of New Registered Ag			ł
					Name					1
SWEARINGEN, GLENDA F					Street Address (P.O. Box Number is Not Acceptable)				1	
	AYETTE STE	REET			ļ. 	·				-
MARIANN	IA FL 32446									
					City		FL	Zip Code	9	
8. The above	named entity	submits this statement for	the purpose of changing it	s registere	ed office or regis	tered agent, or both, in	the State of Florida. I am fa	miliar with,	and accept	1
the obligat	ions of registe	red agent.								
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SIGNATURE -	Signature, typed o	r printed name of registered agent a	nd title if applicable. (NO	TE: Registere	d Agent signature requi	ired when reinstaling)	DATE			
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		FEE IS \$61.25	9. Election Ca	ımpaign F	inancing	\$5.00 May Be	Make Check	Payable	to	l
•	TILE NOW,	FEC 13 401.23	Trust Fund	Contributi	ion.	Added to Fees	Florida Departn	nent of 9	State	1
10.		OFFICERS AND DIR	ECTORS	11.			ES TO OFFICERS AND DIRE	OTODS IN		{
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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: