

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006624

FILED
Apr 04, 2008
Secretary of State

Entity Name: NEIGHBORHOOD HEALTH CLINIC, INC.

Current Principal Place of Business:

120 GOODLETTE RD. N.
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

120 GOODLETTE RD. N.
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 59-3546884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARDILLO, JOHN P ESQ.
3550 EAST TAMIAMI TRAIL
NAPLES, FL 34112 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: CD () Delete
Name: CARDILLO, JOHN P ESQ.
Address: 3550 EAST TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34112 US

Title: VD () Delete
Name: RUSSELL, DEBORAH ESQ
Address: 3001 TAMIAMI TRAIL NORTH #400
City-St-Zip: NAPLES, FL 34103 US

Title: SD () Delete
Name: GREIDER, DAVID MD
Address: 350 7TH STREET NORTH
City-St-Zip: NAPLES, FL 34102 US

Title: TD () Delete
Name: DALIS, CONNIE CPA
Address: 1148 GOODLETTE RD NORTH
City-St-Zip: NAPLES, FL 34102 US

Title: D () Delete
Name: LASCHEID, WILLIAM P MD
Address: 4005 GULF SHORE BLVD N #903
City-St-Zip: NAPLES, FL 34103 US

Title: D () Delete
Name: LASCHEID, NANCY
Address: 4005 GULF SHORE BLVD N #903
City-St-Zip: NAPLES, FL 34103 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NANCY LASCHEID

D

04/04/2008

Electronic Signature of Signing Officer or Director

Date