

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006624

FILED
Mar 30, 2010
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:

121 GOODLETTE RD. N.
NAPLES, FL 34102 US

Current Mailing Address:

120 GOODLETTE RD. N.
NAPLES, FL 34102 US

New Mailing Address:

121 GOODLETTE RD. N.
NAPLES, FL 34102 US

FEI Number: 59-3546884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSELL, DEBORAH ESQ.
3001 TAMIAMI TRAIL N
NAPLES, FL 34103 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
Name: DEBORAH, RUSSELL ESQ.
Address: 3001 TAMIAMI TRAIL N
City-St-Zip: NAPLES, FL 34103 US

Title: VD
Name: WESTON, DAVID
Address: 3828 RADIO RD.
City-St-Zip: NAPLES, FL 34104 US

Title: SD
Name: WEIR JR., CLAUDE ESQ
Address: 4550 SHELL RIDGE COURT
City-St-Zip: BONITA SPRINGS, FL 34134 US

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

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

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

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: NINA GRAY

CEO

03/30/2010

Electronic Signature of Signing Officer or Director

Date