## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000006624

FILED Apr 27, 2012 Secretary of State

Entity Name: NEIGHBORHOOD HEALTH CLINIC, INC.

Current Principal Place of Business: New Principal Place of Business:

121 GOODLETTE RD. N. NAPLES, FL 34102 US

Current Mailing Address: 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: Name and Address of New Registered Agent:

WESTON, DAVID

3828 RADIO RD.

NAPLES, FL 34104 US

GRAY, NINA
7547 SAN MIGUEL WAY
NAPLES, FL 34109 US

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: NINA GRAY 04/27/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: CD

Name: MCDONOUGH, JOHN Address: 807 SPYGLASS LANE City-St-Zip: NAPLES, FL 34102 US

Title: VD

Name: FERGUSON, GEORGE Address: 506 PINE GROVE LANE City-St-Zip: NAPLES, FL 34103 US

Title: SD

 Name:
 THOMAS, BRICK DMD

 Address:
 6910 SANDALWOOD LANE

 City-St-Zip:
 NAPLES, FL 34109 US

Title: TD

Name: HICKEY, DANIEL
Address: 649 CARICA ROAD
City-St-Zip: NAPLES, FL 34108 US

Title:

Name: LASCHEID, WILLIAM P MD Address: 4005 GULF SHORE BLVD N #903

City-St-Zip: NAPLES, FL 34103 US

Title: [

Name: LASCHEID, NANCY RN

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 04/27/2012