A.O. H.o.

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000087592

1."Entity Name

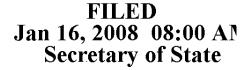
WEIRSDALE FAMILY HEALTH CENTER, INC.



Principal Place of Business

16400 S HWY 25 (PO BOX 8) WEIRSDALE, FL 32195 Mailing Address

16400 S HWY 25 (PO BOX 8) WEIRSDALE, FL 32195





DO NOT WRITE IN THIS SPACE

01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3670986

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAUTHEN, WILLIAM H ESQ 255 N JOANNA AVENUE TAVARES, FL 32778-3200

SIGNATURE:

DO NOT WRITE IN THIS SPACE

Date

Daytime Phone #

SIGNATURE_	Signature, typed or printed name of registered agent and title it	applicable. (NOTE Regla	tered Agent signature	required when reinstating)		DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fi Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	۽ ڳاڻي آڻي نا	Total Barbara	MINISTER	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RADNOTHY, LOUIS J PO DRAWER 2325 UMATILLA, FL 32784					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAVIN, GEORGE G 41419 TARPON AVENUE UMATILLA, FL 32784					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				PO	NOT W	· 在中国企业工程建设工程设施设施。
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SP	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-					