

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000062624

FILED
Aug 31, 2010
Secretary of State

Entity Name: PENSACOLA HEALTH CLINIC, INC

Current Principal Place of Business:

7437 NORTH POINTE BLVD
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

7437 NORTH POINTE BLVD
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 27-0601566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, THOMAS R
1628 KALAKAUA COURT
GULF BREEZE, FL 32563 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: P
Name: THOMPSON, DIXIE R
Address: 7437 NORTH POINTE BLVD
City-St-Zip: PENSACOLA, FL 32514

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DIXIE THOMPSON

PRES

08/31/2010

Electronic Signature of Signing Officer or Director

Date