

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 04, 2005 08:00 AM
Secretary of State**

DOCUMENT # P92000012940

1. Entity Name
HEALTHMARK OF WALTON RURAL HEALTH CLINIC,
INC.



Principal Place of Business
4413 HWY 331 SOUTH
DEFUNIAK SPRINGS, FL 32435 US

Mailing Address
P O BOX 1326
DE FUNIAK, SP 32433 US



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3156240

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

THOMPSON, JAMES H., PH.D
4413 HWY 331- SOUTH
DEFUNIAK SPRINGS, FL 32435

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME THOMPSON, JAMES H
STREET ADDRESS 4413 HWY 331 SOUTH
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32435

TITLE D
NAME JAMES A. BREWER
STREET ADDRESS 4413 HWY 331 SOUTH
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32435

TITLE D
NAME BEARD, GERALD C
STREET ADDRESS 4413 HWY 331 SOUTH
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32435

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/04/05-80023-002 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE

James H. Thompson, Ph.D. **James H. Thompson** **1-10-05** **850-951-4507**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #