

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90141 041 ***150.00

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D THOMPSON, JAMES H 4413 HWY 331 SOUTH DEFUNIAK SPRINGS FL 32435	<input type="checkbox"/>		
D JAMES A. BREWER 4413 HWY 331 SOUTH DEFUNIAK SPRINGS FL 32435	<input type="checkbox"/>		
D BEARD, GERALD C 4413 HWY 331 SOUTH DEFUNIAK SPRINGS FL 32435	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-03 **850-951-4500**
Date Daytime Phone #

CR2E034 (10/02)