2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008
Secretary of State

DOCUMENT# P93000070830

Entity Name: GOOD SHEPHERD MEDICAL CLINIC, P.A.

Current Principal Place of Business:

8425 NORTHCLIFFE BLVD
SUITE 101
SPRING HILL, FL 34606 US

New Principal Place of Business:

Current Mailing Address:

8425 NORTHCLIFFE BLVD
SUITE 101
SPRING HILL, FL 34606 US

New Mailing Address:

FEI Number: 59-3204729 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CASE, JAMES W MR
8425 NORTHCLIFFE BLVD SUITE 101
SPRING HILL, FL 34606 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LEE, ROGER MD
Address: 8425 NORTHCLIFFE BLVD SUITE 107
City-St-Zip: SPRING HILL, FL 34606

Title: T ( ) Delete
Name: ROEBUCK MD, BRIAN
Address: 11337 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL

Title: VP ( ) Delete
Name: ANIL BHATIA MD,
Address: 8425 NORTHCLIFFE BLVD SUITE 108
City-St-Zip: SPRING HILL, FL 34606

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: BHATIA MD, ANIL
Address: 8425 NORTHCLIFFE BLVD SUITE 108
City-St-Zip: SPRING HILL, FL 34606

Title: S ( ) Change (X) Addition
Name: EBERT MD, ROBERT
Address: 8425 NORTHCLIFFE BLVD SUITE 102
City-St-Zip: SPRING HILL, FL 34606

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROGER LEE MD P 01/28/2008

Electronic Signature of Signing Officer or Director Date