

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000070830

FILED  
Apr 08, 2009  
Secretary of State

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 ( )

## 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: BHATIA MD, ANIL  
Address: 8425 NORTHCLIFFE BLVD SUITE 108  
City-St-Zip: SPRING HILL, FL 34606

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JAMES W. CASE

ADM

04/08/2009

Electronic Signature of Signing Officer or Director

Date