

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000070830

FILED
Apr 12, 2010
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:

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

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:

04/12/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: T
Name: ROEBUCK MD, BRIAN MD
Address: 11337 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34613

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

Title: S
Name: GARCIA, LYNDON O
Address: 8425 NORTHCLIFFE BLVD SUITE 110
City-St-Zip: SPRING HILL, FL 34606

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: JAMES W. CASE

ADM

04/12/2010

Electronic Signature of Signing Officer or Director

Date