2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2013
Secretary of State
CC4781470807

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Entity Name: OUR LADY OF ANGELS ST. JOSEPH'S MEDICAL CLINIC, INC.

Current Principal Place of Business:

131 W. INTENDENCIA ST.
PENSACOLA, FL 32502

Current Mailing Address:

PO BOX 626
PENSACOLA, FL 32591-0626 US

FEI Number: 04-3828416

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, WILLIAM C
131 W INTENDENCIA ST
PENSACOLA, FL 32502 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PTA
Name	MOORE, DONNA C
Address	131 W. INTENDENCIA
City-State-Zip:	PENSACOLA FL 32502

Title	VTMD
Name	CONKLE, DAVID M
Address	3080 BLACKSHEAR AVENUE
City-State-Zip:	PENSACOLA FL 32503

Title	SBM
Name	BOND, MARY
Address	131 W INTENDENCIA ST
City-State-Zip:	PENSACOLA FL 32502

Title	TBM
Name	FOLEY, PATRICK FATHER
Address	140 W GOVERNMENT ST
City-State-Zip:	PENSACOLA FL 32502

Title	TBM
Name	TOWNSEND, LILY
Address	131 INTENDENCIA ST
City-State-Zip:	PENSACOLA FL 32502

Title	TRES
Name	BROWN, WILLIAM
Address	131 W INTENDENCIA STREET
City-State-Zip:	PENSACOLA FL 32502

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM C. BROWN TRES. 02/14/2013

Electronic Signature of Signing Officer/Director Detail — Date