

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009836

Entity Name: FAMILY LIFE CLINICS, INC.

Current Principal Place of Business:

2014 MIDYETTE RD #204
TALLAHASSEE, FL 32301

Current Mailing Address:

2014 MIDYETTE RD #204
TALLAHASSEE, FL 32301

FEI Number: 26-3546737

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ELEKES, ANDREW
2014 MIDYETTE RD #204
TALLAHASSEE, FL 32301 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 P
Name ELEKES, ANDREW
Address 2014 MIDYETTE RD #204
City-State-Zip: TALLAHASSEE FL 32301

Title VP
Name ASHLEY, ANN
Address 4287 FOUR OAKS BLVD.
City-State-Zip: TALLAHASSEE FL 32311

Title D
Name ELEKES, KASSANRA
Address 2014 MIDYETTE RD. #204
City-State-Zip: TALLHASSEE FL 32301

Title S
Name BOND, CATHY
Address 2057 WEST FOREST DRIVE
City-State-Zip: TALLAHASSEE FL 32303

Title T
Name VAN GUYSE, EDMOND
Address 2025 SHERMAN AVE. #409
City-State-Zip: EVANSTOWN IL 60201

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: ANDREW J ELEKES

P

05/14/2013

Electronic Signature of Signing Officer/Director Detail

Date