

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2009  
Secretary of State**

DOCUMENT# F08000000968

Entity Name: THE GASTON & PORTER HEALTH IMPROVEMENT CENTER, INC.

**Current Principal Place of Business:**

8612 TIMBER HILL LANE  
POTOMAC, MD 20854

**New Principal Place of Business:**

**Current Mailing Address:**

8612 TIMBER HILL LANE  
POTOMAC, MD 20854

**New Mailing Address:**

FEI Number: 03-0455203      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PORTER, GAYLE K DR.  
668 SHOREHAVEN DR  
POINCIANA, FL 34759      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

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: GASTON, MARILYN  
Address: 8612 TIMBER HILL LANE  
City-St-Zip: POTOMAC, MD 20854

Title: VP      ( ) Delete  
Name: PORTER, GAYLEYN K  
Address: 8612 TIMBER HILL LANE  
City-St-Zip: POTOMAC, MD 20854

Title: S      ( ) Delete  
Name: OHARA, MARILYN PEALS  
Address: 668 SHOREHAVEN  
City-St-Zip: POINCIANA, FL 34759

Title: T      ( ) Delete  
Name: QUINTON, SYLVIA L  
Address: 8829 GLENARDEN PARKWAY  
City-St-Zip: GLENARDEN, MD 20706

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES      (X) Change ( ) Addition  
Name: GASTON, MARILYN H  
Address: 8612 TIMBER HILL LANE  
City-St-Zip: POTOMAC, MD 20854

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

SIGNATURE: DR. GAYLE K PORTER

VP

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date