

2012 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 04, 2012
Secretary of State

Entity Name: DEERFIELD BEACH MEDICAL CLINIC, P.A.

Current Principal Place of Business:

5300 W. HILLSBORO BLVD.
SUITE 216
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

5300 W. HILLSBORO BLVD.
SUITE 216
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 04-3689393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NGUYEN, NAM Q D.O.
9631 SAVONA WINDS DRIVE
DELRAY BEACH, FL 33446 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: PST
Name: NGUYEN, NAM Q D.O.
Address: 9631 SAVONA WINDS DRIVE
City-St-Zip: DELRAY BEACH, FL 33446

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: NAMNGUYEN

PST

03/04/2012

Electronic Signature of Signing Officer or Director

Date