

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000079543

Entity Name: VALRICO MEDICAL CLINIC PA

FILED
Feb 02, 2008
Secretary of State

Current Principal Place of Business:

3119 LITHIA PINECREST ROAD
VALRICO, FL 33594

New Principal Place of Business:

3119 LITHIA PINECREST ROAD
VALRICO, FL 33596

Current Mailing Address:

3119 LITHIA PINECREST ROAD
VALRICO, FL 33594

New Mailing Address:

3119 LITHIA PINECREST ROAD
VALRICO, FL 33596

FEI Number: 27-0092886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAW, SYDNEY
1805 VISTA RIVER DR
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

SHAW, SYDNEY
1805 VISTA RIVER DR
VALRICO, FL 33596 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:

02/02/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHAW, IZABELA
Address: 3119 LITHIA PINECREST ROAD
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHAW, IZABELA
Address: 3119 LITHIA PINECREST ROAD
City-St-Zip: VALRICO, FL 33596

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

SIGNATURE: IZABELA SHAW

PD

02/02/2008

Electronic Signature of Signing Officer or Director

Date