

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000065444

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** FIRSTLINE PRIMARY CARE CLINICS, INC.

**Current Principal Place of Business:**

1236 CR 17 N.  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 320341  
TAMPA, FL 33679

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

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

BATEMAN, RICK  
1236 CR 17 N  
LAKE PLACID, FL 33852    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:                      D  
Name:                      LEVIN, PETER J  
Address:                      POST OFFICE BOX 320341  
City-St-Zip:                      TAMPA, FL 33679

Title:                      D  
Name:                      BATEMAN, RICK  
Address:                      1236 CR 17 N  
City-St-Zip:                      LAKE PLACID, FL 33852

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: RICK J BATEMAN

D

04/19/2011

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

\_\_\_\_\_ Date