

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000126046

FILED
Mar 03, 2011
Secretary of State

Entity Name: HOMESTEAD MEDICAL CLINIC, P.A.

Current Principal Place of Business:

125 NE 8TH ST
SUITE 6
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

125 NE 8TH ST
SUITE 6
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 11-3759938 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DELGADO, MARTA I
125 NE 8TH ST
SUITE 6
HOMESTEAD, FL 33030 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: PD
Name: DELGADO, MARTA I
Address: 125 NE 8TH ST., SUITE 6
City-St-Zip: HOMESTEAD, FL 33030

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: MARTA I DELGADO MD

P

03/03/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date