2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2011
Secretary of State

DOCUMENT# P10000023377

Entity Name: THE MEDICAL CENTRE OF LEHIGH ACRES, INC

Current Principal Place of Business:

1303 HOMESTEAD ROAD NORTH
SUITE #100-A
LEHIGH ACRES, FL 33936

New Principal Place of Business:

1303 HOMESTEAD ROAD NORTH
SUITE #102
LEHIGH ACRES, FL 33936 US

Current Mailing Address:

1303 HOMESTEAD ROAD NORTH
SUITE #100-A
LEHIGH ACRES, FL 33936

New Mailing Address:

1303 HOMESTEAD ROAD NORTH
SUITE #102
LEHIGH ACRES, FL 33936 US

FEI Number: 27-2213206 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RYBACK, RALPH
1303 HOMESTEAD ROAD NORTH
SUITE #100-A
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

RYBACK, RALPH S
1303 HOMESTEAD ROAD NORTH
SUITE #102
LEHIGH ACRES, FL 33936 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: RALPH S RYBACK,MD 01/26/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: RYBACK, RALPH S MD
Address: 1303 HOMESTEAD ROAD NORTH, SUITE #102
City-St-Zip: LEHIGH ACRES, FL 33936 US

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: RALPH S RYBACK,MD PD 01/26/2011
Electronic Signature of Signing Officer or Director Date