2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2011
Secretary of State

DOCUMENT# P94000091282

Entity Name: ROBINSON FAMILY CLINIC, P.A.

Current Principal Place of Business:

4406 S FLORIDA AVE SUITE 30
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

4406 S FLORIDA AVE SUITE 30
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 59-3286260 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, S T
4406 S FLORIDA AVE SUITE 30
LAKELAND, FL 33813 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: VD
Name: ROBINSON, HAROLD G
Address: 3917 POLK AVE
City-St-Zip: LAKELAND, FL 33813

Title: PD
Name: ROBINSON, S T
Address: 509 NESLO LN
City-St-Zip: LAKELAND, FL 33813

Title: T
Name: SOKOLSKI, THOMAS J.
Address: 111 W CHRISTINA BLVD
City-St-Zip: LAKELAND, FL

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: THOMAS J. SOKOLSKI T 02/18/2011

Electronic Signature of Signing Officer or Director — Date