2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2011
Secretary of State

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Entity Name: COUNTRYSIDE WEST MEDICAL CLINIC ASSOCIATION, INC.

Current Principal Place of Business:

3190 MCMULLEN BOOTH ROAD
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

3248 MASTERS DRIVE
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 20-5568596 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRAUB, JOEL S MR
3248 MASTERS DRIVE
CLEARWATER, FL 33761 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: P
Name: ALIDINA, ARIF DR
Address: 3190 MCMULLEN BOOTH ROAD
City-St-Zip: CLEARWATER, FL 33761 US

Title: VP
Name: PETERFREUND, DAVID DR
Address: 3190 MCMULLEN BOOTH ROAD
City-St-Zip: CLEARWATER, FL 33761 US

Title: TR
Name: MADAN, SANJAY DR
Address: 3190 MCMULLEN BOOTH ROAD
City-St-Zip: CLEARWATER, FL 33761 US

Title: MGR
Name: TRAUB, JOEL
Address: 3248 MASTERS DRIVE
City-St-Zip: CLEARWATER, FL 33761 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOEL S TRAUB MGR 04/18/2011

Electronic Signature of Signing Officer or Director — Date