

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009084

Entity Name: COUNTRYSIDE WEST MEDICAL CLINIC ASSOCIATION, INC.

Current Principal Place of Business:

3190 MCMULLEN BOOTH ROAD
CLEARWATER, FL 33761

Current Mailing Address:

3248 MASTERS DRIVE
CLEARWATER, FL 33761

FEI Number: 20-5568596

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRAUB, JOEL SMR
3248 MASTERS DRIVE
CLEARWATER, FL 33761 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name ALIDINA, ARIF DR
Address 3190 MCMULLEN BOOTH ROAD
City-State-Zip: CLEARWATER FL 33761

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

Title MGR
Name TRAUB, JOEL
Address 3248 MASTERS DRIVE
City-State-Zip: CLEARWATER FL 33761

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 TRAUB

MANAGER

04/23/2019

Electronic Signature of Signing Officer/Director Detail

Date