2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State
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Entity Name: ROBINSON FAMILY CLINIC, P.A.

Current Principal Place of Business:

4406 S FLORIDA AVE SUITE 30
LAKELAND, FL 33813

Current Mailing Address:

4406 S FLORIDA AVE SUITE 30
LAKELAND, FL 33813

FEI Number: 59-3286260

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBINSON, S T
4406 S FLORIDA AVE SUITE 30
LAKELAND, FL 33813 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	VD	Title	PD
Name	ROBINSON, HAROLD G	Name	ROBINSON, S T
Address	3917 POLK AVE	Address	509 NESLO LN
City-State-Zip:	LAKELAND FL 33813	City-State-Zip:	LAKELAND FL 33813

Title	T
Name	SOKOLSKI, THOMAS J.
Address	111 W CHRISTINA BLVD
City-State-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 TREASURER 04/11/2014

Electronic Signature of Signing Officer/Director Detail — Date