2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2025
Secretary of State
3462590008CC

DOCUMENT# P94000091282

Entity Name: ROBINSON FAMILY CLINIC, INC.

Current Principal Place of Business:

4406 SOUTH FLORIDA AVENUE
SUITE 17
LAKELAND, FL 33813

Current Mailing Address:

4406 SOUTH FLORIDA AVENUE
SUITE 17
LAKELAND, FL 33813 US

FEI Number: 59-3286260

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JAFRI, AYESHA DR.
4406 SOUTH FLORIDA AVENUE
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	PSD	Title	VD
Name	JAFRI, AYESHA	Name	PIRZADA, WASIMUL
Address	4029 STAFFORDSHIRE DRIVE	Address	4029 STAFFORDSHIRE DRIVE
City-State-Zip:	LAKELAND FL 33809	City-State-Zip:	LAKELAND FL 33809

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: AYESHA JAFRI MD 02/10/2025

Electronic Signature of Signing Officer/Director Detail — Date