

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000020723

Entity Name: KIMMELCARE FAMILY PRACTICE, P.A.

Current Principal Place of Business:

2230 N. WICKHAM RD.
SUITE B
MELBOURNE, FL 32935

Current Mailing Address:

2230 N. WICKHAM RD.
SUITE B
MELBOURNE, FL 32935

FEI Number: 59-3567746

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KIMMEL, MURRAY A
683 LOGGERHEAD ISLAND DR
SATELLITE BEACH, FL 32937 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	Title	V
Name	KIMMEL, MURRAY A	Name	KIMMEL, MICHELLE
Address	683 LOGGERHEAD ISLAND DR	Address	683 LOGGERHEAD ISLAND DR
City-State-Zip:	SATELLITE BEACH FL 32937	City-State-Zip:	SATELLITE BEACH FL 32937

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: MURRAY A KIMMEL _____

P

04/30/2013

Electronic Signature of Signing Officer/Director Detail

Date