

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L86593

FILED
Feb 01, 2006
Secretary of State

Entity Name: AMERICAN FAMILY & GERIATRIC CARE, P.A.

Current Principal Place of Business:

2150 49TH STREET NORTH
SUITE A
ST. PETERSBURG, FL 337105237

New Principal Place of Business:

6006 49TH STREET NORTH
SUITE 120
SAINT PETERSBURG, FL 33709

Current Mailing Address:

150 2ND AVE N
STE 400
ST. PETERSBURG, FL 33701

New Mailing Address:

150 2ND AVE NORTH
SUITE 400
SAINT PETERSBURG, FL 33701

FEI Number: 59-3016732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESAI, AKSHAY M DR
150 2 AVE N STE 400
ST PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

DESAI, AKSHAY M DR
150 2ND AVE NORTH
SUITE 400
SAINT PETERSBURG, FL 33701 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: DR. AKSHAY M. DESAI

02/01/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DESAI, AKSHAY M.,
Address: 150 2ND AVE N, SUITE 400
City-St-Zip: SAINT PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DR. AKSHAY M. DESAI,
Address: 150 2ND AVE NORTH, SUITE 400
City-St-Zip: SAINT PETERSBURG, FL 33701

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DR. AKSHAY M. DESAI

PD

02/01/2006

Electronic Signature of Signing Officer or Director

Date