2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L86593

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

FILED
Aug 22, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
6006 49TH STREET NORTH SUITE 120 SAINT PETERSBURG, FL 33709	150 2ND AVE NORTH SUITE 400 SAINT PETERSBURG, FL 33701

07282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3016732
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DR. AKSHAY M. DESAI
STREET ADDRESS	150 2ND AVE NORTH, SUITE 400
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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08/22/08-80001-002 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Andesan. 8-13-08 727-456-6521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #