

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009084

FILED
May 10, 2007
Secretary of State

Entity Name: COUNTRYSIDE WEST MEDICAL CLINIC ASSOCIATION, INC.

Current Principal Place of Business:

1744 NORTH BELCHER ROAD STE 200
CLEARWATER, FL 33765

New Principal Place of Business:

3190 MCMULLEN BOOTH ROAD
CLEARWATER, FL 33761

Current Mailing Address:

1744 NORTH BELCHER ROAD STE 200
CLEARWATER, FL 33765

New Mailing Address:

3248 MASTERS DRIVE
CLEARWATER, FL 33761

FEI Number: 20-5568596 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KLEIN, MARK S
1744 NORTH BELCHER ROAD STE 200
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

TRAUB, JOEL S MR
3248 MASTERS DRIVE
CLEARWATER, FL 33761 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: JOEL TRAUB

05/10/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KLEIN, MARK S
Address: 1744 NORTH BELCHER ROAD STE 200
City-St-Zip: CLEARWATER, FL 33765

Title: DVT () Delete
Name: TRAUB, JOEL S
Address: 1744 NORTH BELCHER ROAD STE 200
City-St-Zip: CLEARWATER, FL 33765

Title: DVS () Delete
Name: KLEIN, STEVEN G
Address: 1744 NORTH BELCHER ROAD STE 200
City-St-Zip: CLEARWATER, FL 33765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALIDINA, ARIF DR
Address: 3190 MCMULLEN BOOTH ROAD
City-St-Zip: CLEARWATER, FL 33761 FL

Title: VP (X) Change () Addition
Name: PETERFREUND, DAVID DR
Address: 3190 MCMULLEN BOOTH ROAD
City-St-Zip: CLEARWATER, FL 33761 FL

Title: TR (X) Change () Addition
Name: MADAN, SANJAY DR
Address: 3190 MCMULLEN BOOTH ROAD
City-St-Zip: CLEARWATER, FL 33761 FL

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARIF ALIDINA

P

05/10/2007

Electronic Signature of Signing Officer or Director

Date