2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2011
Secretary of State

DOCUMENT# P00000026003

Entity Name: ALESSI FAMILY CARE, P.A.

Current Principal Place of Business:

9400 BONITA BEACH ROAD
SUITE 102
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

9400 BONITA BEACH ROAD
SUITE 102
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 59-3632308 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALESSI, PATRICIA A
9400 BONITA BEACH ROAD
STE 102
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: ALESSI, PATRICIA A DO
Address: 677 MYRTLE RD.
City-St-Zip: NAPLES, FL 34108

Title: ST
Name: ALESSI, ALBERT G DO
Address: 677 MYRTLE RD.
City-St-Zip: NAPLES, FL 34108

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: ALESSI ST 04/26/2011

Electronic Signature of Signing Officer or Director — Date