2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000097650

Entity Name: AFFORDABLE MEDICAL CLINIC, INC.

FILED Feb 04, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5553 HWY 90 5553 HWY 90 WEST PACE, FL 32571 PACE, FL 32571 **Current Mailing Address: New Mailing Address:** 5553 HWY 90 5553 HWY 90 WEST PACE, FL 32571 PACE, FL 32571 FEI Number: 59-3729390 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GARG, ANJU GARG, ANJU 5553 HWY 90 5553 HWY 90 WEST MILTON, FL 32571 US PACE, FL 32571 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: ANJU GARG 02/04/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition GARG, ANJU Name: Name: 5553 HWY 90 Address: Address: City-St-Zip: PACE, FL 32571 City-St-Zip: Title: SD (X) Delete Title: () Change () Addition GARG, PURUSHOTTAM K Name: Name: 5553 HWY S. Address: Address: PACE, FL 32571 City-St-Zip: City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANJU GARG PD 02/04/2009