# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 22, 2011**
**Secretary of State**

DOCUMENT# P01000006095

**Entity Name:** A1 URGENT CARE & FAMILY PRACTICE CENTER, TAVERNIER, P.A.

**Current Principal Place of Business:**

101451 O/S HWY
#13
KEY LARGO, FL 33037

**New Principal Place of Business:**

**Current Mailing Address:**

101451 O/S HWY
#13
KEY LARGO, FL 33037

**New Mailing Address:**

**FEI Number: 65-1067943** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAE, IAN N
101451 O/S HWY
#13
KEY LARGO, FL 33037 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: PT
Name: RAE, IAN N
Address: 101451 O/S HWY
City-St-Zip: KEY LARGO, FL 33037

Title: VS
Name: RAE, MARTHA M LPN
Address: 101451 O/S HWY
City-St-Zip: KEY LARGO, FL 33037

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: MARTHA RAE PT 02/22/2011
Electronic Signature of Signing Officer or Director Date