

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000006095

FILED
Mar 02, 2012
Secretary of State

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 (X)

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 M. RAE

VS

03/02/2012

Electronic Signature of Signing Officer or Director

Date