



**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2008 8:00 am**  
**Secretary of State**

04-01-2008 90005 033 \*\*\*150.00

DOCUMENT # P01000069124					
1. Entity Name GAINESVILLE AFTER-HOURS CLINIC, P.A.					
Principal Place of Business 1026 SW 2ND AVE, SUITE D GAINESVILLE, FL 32601			Mailing Address 1026 SW 2ND AVE, SUITE D GAINESVILLE, FL 32601		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. <i>Suite A</i>		Suite, Apt. #, etc. <i>Suite A</i>			
City & State		City & State			
Zip	Country	Zip	Country	03282008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCCOY, CLARK 1411 NW 51ST TERR. GAINESVILLE, FL 32605			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCOY, CLARK S		NAME		
STREET ADDRESS	1411 NW 51ST TERRACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALTER, ALLISON		NAME		
STREET ADDRESS	1411 NW 51ST TERRACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Clark McCoy		3-28-08 352-373-4107	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	