

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000069124

FILED
Apr 16, 2009
Secretary of State

Entity Name: GAINESVILLE AFTER-HOURS CLINIC, P.A.

Current Principal Place of Business:

1026 SW 2ND AVE, SUITE A
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

1026 SW 2ND AVE, SUITE A
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 59-3733330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCOY, CLARK
1411 NW 51ST TERR.
GAINESVILLE, FL 32605 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCCOY, CLARK S
Address: 1411 NW 51ST TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: ST () Delete
Name: WALTER, ALLISON
Address: 1411 NW 51ST TERRACE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: CLARK S MCCOY

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date