# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 09, 2010**
**Secretary of State**

DOCUMENT# P01000093484

**Entity Name:** LIMERES MEDICAL CLINIC, P.A.

**Current Principal Place of Business:**

530 ZEAGLER DR
SUITE B
PALATKA, FL 32177

**New Principal Place of Business:**

530 ZEAGLER DR
SUITE B
PALATKA, FL 32177 US

**Current Mailing Address:**

530 ZEAGLER DR
SUITE B
PALATKA, FL 32177

**New Mailing Address:**

530 ZEAGLER DR
SUITE B
PALATKA, FL 32177 US

**FEI Number: 59-3751155** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MARKHAM, TRACY L
2730 US 1 S, STE J
ST AUGUSTINE, FL 32086 US

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

LIMERES, DR. MIGUEL L
530 ZEAGLER DR
PALATKA, FL 32177 US

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: DR. MIGUEL L LIMERES 03/09/2010
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D
Name: LIMERES, DR. MIGUEL L
Address: P.O. BOX 1397
City-St-Zip: PALATKA, FL 32178

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: DR. MIGUEL L LIMERES D 03/09/2010
Electronic Signature of Signing Officer or Director Date