

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000067585

FILED
Mar 27, 2008
Secretary of State

Entity Name: HIGH SPRINGS FAMILY PRACTICE CLINIC AND DIAGNOSIS CENTER, INC

Current Principal Place of Business:

105 N.E. 1ST AVENUE
HIGH SPRINGS, FL 32643

New Principal Place of Business:

Current Mailing Address:

105 N.E. 1ST AVENUE
HIGH SPRINGS, FL 32643

New Mailing Address:

FEI Number: 57-1172717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAHMING, WAYNE A M.D.
105 N.E. 1ST AVENUE
HIGH SPRINGS, FL 32643 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: RAHMING, WAYNE A M.D.
Address: 105 N.E. 1ST AVENUE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: RAHMING, WAYNE A M.D.
Address: 105 N.E. 1ST AVENUE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: VP,D () Change (X) Addition
Name: PRIETO, JORGE M
Address: 105 NE 1ST AVENUE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: D () Change (X) Addition
Name: PEREZ, FILADELFO J
Address: 260 NE 8TH AVENUE
City-St-Zip: LAKE BUTLER, FL 32054

Title: D () Change (X) Addition
Name: PEREZ, ROBERTO J
Address: 400 NE 8TH AVENUE
City-St-Zip: LAKE BUTLER, FL 32054

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: JORGE M PRIETO

VP

03/27/2008

Electronic Signature of Signing Officer or Director

Date