## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000088788

Entity Name: WESTSIDE MEDICAL CLINIC, PA.

FILED Apr 30, 2012 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
5084 W. COLONIAL DR ORLANDO, FL 32808	VE		
Current Mailing Address:		New Mailing Address:	
5084 WEST COLONIAL ORLANDO, FL 32808	DR		
FEI Number: 56-2386880	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
MOSAI, ROMAN 9112 DOLLANGER CT ORLANDO, FL 32819	US		
The above named entity in the State of Florida.	submits this statement for the pu	urpose of changing its registered	office or registered agent, or both,
SIGNATURE:			
Electronic Signature of Registered Agent		nt	Date

## **OFFICERS AND DIRECTORS:**

Title:

Name: MOSAI, ROMAN Address: 9112 DOLLANGER CT City-St-Zip: ORLANDO, FL 32819

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: ROMAN MOSAI P 04/30/2012