

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000011128

Entity Name: TOWNSEND CLINIC, P.A.

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4475 US 1 SOUTH  
SUITE 100  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

4475 US 1 SOUTH  
SUITE 100  
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

FEI Number: 20-2205831

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

TOWNSEND, GERALD E PRES  
4475 US 1 SOUTH  
SUITE 100  
ST. AUGUSTINE, FL 32086 US

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

TOWNSEND, GERALD E MD  
4475 US 1 SOUTH  
SUITE 100  
ST. AUGUSTINE, FL 32086 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: GERALD E. TOWNSEND, MD

04/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: TOWNSEND, GERALD E MD  
Address: 4475 US 1 SOUTH SUITE 100  
City-St-Zip: ST. AUGUSTINE, FL 32086

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: GERALD E. TOWNSEND, MD

PRES

04/28/2011

Electronic Signature of Signing Officer or Director

Date