

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000134170

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** MENDEZ FAMILY CARE, P.A.

**Current Principal Place of Business:**

14444 BEACH BLVD.  
SUITE 315  
JACKSONVILLE, FL 32250 US

**New Principal Place of Business:**

1909 BEACH BLVD.  
SUITE 102  
JACKSONVILLE, FL 32250 US

**Current Mailing Address:**

14444 BEACH BLVD.  
SUITE 315  
JACKSONVILLE, FL 32250 US

**New Mailing Address:**

1909 BEACH BLVD.  
SUITE 102  
JACKSONVILLE, FL 32250 US

**FEI Number:** 20-3562616

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MENDEZ, MICHELLE R D.O.  
14444 BEACH BLVD.  
SUITE 315  
JACKSONVILLE, FL 32250 US

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

MENDEZ, MICHELLE R D.O.  
1909 BEACH BLVD.  
SUITE 102  
JACKSONVILLE, FL 32250 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:

02/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MENDEZ, MICHELLE R D.O.  
Address: 1909 BEACH BLVD. SUITE 102  
City-St-Zip: JACKSONVILLE, FL 32250 US

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: MICHELLE R. MENDEZ

P

02/09/2012

Electronic Signature of Signing Officer or Director

Date