

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000163694

FILED
May 06, 2011
Secretary of State

Entity Name: SOUTHERN MEDICAL CLINIC, P.A.

Current Principal Place of Business:

32 S 5 TH STREET
MACCLENNY, FL 32063 US

New Principal Place of Business:

Current Mailing Address:

153 LAURINA ST
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 20-3955598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRIDGEMAN, KATHLEEN R
153 LAURINA ST
JACKSONVILLE, FL 32216 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

OFFICERS AND DIRECTORS:

Title: P
Name: BRIDGEMAN, KATHLEEN R
Address: 153 LAURINA ST
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP
Name: BRIDGEMAN, ANDREW
Address: 153 LAURINA ST
City-St-Zip: JACKSONVILLE, FL 32216

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: KATHLEEN R. BRIDGEMAN

P

05/06/2011

Electronic Signature of Signing Officer or Director

Date