

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000104886

FILED
Mar 20, 2012
Secretary of State

Entity Name: RIVER CITY MEDICAL ASSOCIATES, INC.

Current Principal Place of Business:

6947 MERRILL ROAD
JACKSONVILLE, FL 32277 US

New Principal Place of Business:

Current Mailing Address:

6947 MERRILL ROAD
JACKSONVILLE, FL 32277 US

New Mailing Address:

FEI Number: 56-2612383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, VIPUL R
5924 COVERED CREEK LN
JACKSONVILLE, FL 32277 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: PATEL, VIPUL R
Address: 5924 COVERED CREEK LN
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: VP
Name: PATEL, RASIKLAL K
Address: 5924 COVERED CREEK LN
City-St-Zip: JACKSONVILLE, FL 32277

Title: T
Name: PATEL, MEENA V
Address: 5924 COVERED CREEK LN
City-St-Zip: JACKSONVILLE, FL 32277

Title: S
Name: PATEL, NIRMALA R
Address: 5924 COVERED CREEK LN
City-St-Zip: JACKSONVILLE, FL 32277

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: VIPUL R PATEL

PRES

03/20/2012

Electronic Signature of Signing Officer or Director

Date