

FILED
Jun 21, 2007 8:00 am
Secretary of State

05-16-2007 90022 037 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000104921

1. Entity Name
RIVER CITY MEDICAL CLINIC, INC.



Principal Place of Business
5913 NORMANDY BLVD., SUITE 13
JACKSONVILLE, FL 32205

Mailing Address
5913 NORMANDY BLVD., SUITE 13
JACKSONVILLE, FL 32205

66019625



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04082007

Chg-P

CR2E034 (12/06)

4. FEI Number

56-2612349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE HEATH LAW FIRM
220 E. CENTRAL PKWY., SUITE 2030
ALTAMONTE SPRINGS, FL 32701

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY- ST- ZIP

Off. President/Treasurer
Vipul R. Patel
5913-13 Normandy Blvd
Jacksonville, FL 32205

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY- ST- ZIP

Vice President/Secretary
George L. Albert
5913-13 Normandy Blvd
Jacksonville, FL 32205

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY- ST- ZIP

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NAME

STREET ADDRESS

CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE L. ALBERT

4/10/07

Date

904-237-5239

Daytime Phone #