

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000009675

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** GAINESVILLE FAMILY HEALTHCARE, PA

**Current Principal Place of Business:**

100 SW 75TH STREET  
101  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

100 SW 75TH STREET  
101  
GAINESVILLE, FL 32607

**New Mailing Address:**

**FEI Number:** 20-8272679

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SINGH, MAMTA  
9508 SW 33RD LANE  
GAINESVILLE, FL 32608 US

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

SINGH, MAMTA  
3850 SW 92ND DRIVE  
GAINESVILLE, FL 32608 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:

01/06/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: SINGH, MAMTA  
Address: 3850 SW 92ND DRIVE  
City-St-Zip: GAINESVILLE, FL 32608

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: MAMTA SINGH

MD

01/06/2012

Electronic Signature of Signing Officer or Director

Date