

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000027094

**FILED**  
**Jan 31, 2011**  
**Secretary of State**

**Entity Name:** MAIN STREET MEDICAL CENTER OF CRESTVIEW, P.A.

**Current Principal Place of Business:**

369 N. MAIN STREET  
CRESTVIEW, FL 32536

**New Principal Place of Business:**

**Current Mailing Address:**

369 N. MAIN STREET  
CRESTVIEW, FL 32536

**New Mailing Address:**

**FEI Number:** 20-8417522

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOLMETZ, JOSHUA K  
369 N MAIN ST  
CRESTVIEW, FL 32536 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: KOLMETZ, JOSHUA K  
Address: 369 N MAIN ST  
City-St-Zip: CRESTVIEW, FL 32536

Title: VPST  
Name: KOLMETZ, KRISTY L  
Address: 369 N MAIN ST  
City-St-Zip: CRESTVIEW, FL 32536

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: KRISTY KOLMETZ

VPST

01/31/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date