

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000097117

FILED
Apr 29, 2009
Secretary of State

Entity Name: STARKE FAMILY MEDICINE CLINIC_01, INC.

Current Principal Place of Business:

1546 SOUTH WATER STREET
STARKE, FL 32091

New Principal Place of Business:

Current Mailing Address:

7924 NW 44TH STREET
GAINESVILLE, FL 32653

New Mailing Address:

FEI Number: 26-0179016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHIRIAEVA, NATALIA A
1546 SOUTH WATER STREET
STARKE, FL 32091 US

Name and Address of New Registered Agent:

SHIRIAEVA, NATALIA A MD
7924 NW 44TH STREET
GAINESVILLE, FL 32653 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: NATALIA A SHIRIAEVA, MD

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHIRIAEVA, NATALIA A MD
Address: 1546 SOUTH WATER STREET
City-St-Zip: STARKE, FL 32091 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NATALIA A SHIRIAEVA, MD

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date