

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000097117

FILED
May 02, 2011
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:

720 SOUTH WEST 2ND AVENUE
SUITE 503
GAINESVILLE, FL 32601

Current Mailing Address:

7924 NW 44TH STREET
GAINESVILLE, FL 32653

New Mailing Address:

720 SOUTH WEST 2ND AVENUE
SUITE 503
GAINESVILLE, FL 32601

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 MD
7924 NW 44TH STREET
GAINESVILLE, FL 32653 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: SHIRIAEVA, NATALIA A MD
Address: 720 SOUTH WEST 2ND AVENUE, SUITE 503
City-St-Zip: GAINESVILLE, FL 32601 US

Title: P
Name: SHIRIAEVA, NATALIA A MD
Address: 7924 NW 44TH STREET
City-St-Zip: GAINESVILLE, FL 32653 61

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: NATALIA ANATOLIEVNA SHIRIAEVA, MD

P

05/02/2011

Electronic Signature of Signing Officer or Director

Date