

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000097117

FILED
Apr 30, 2012
Secretary of State

Entity Name: STARKE FAMILY MEDICINE CLINIC_01, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

7550 WEST UNIVERSITY AVENUE
SUITE B
GAINESVILLE, FL 32607

Current Mailing Address:

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

New Mailing Address:

PO BOX 358222
GAINESVILLE, FL 32635

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: 7550 WEST UNIVERSITY AVENUE, SUITE B
City-St-Zip: GAINESVILLE, FL 32607 US

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

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

PRES

04/30/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date