2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# P07000119684

Entity Name: INVERRARY MEDICAL CENTER, P.A.

Current Principal Place of Business:

4500 INVERRARY BLVD
LAUDERHILL, FL 33319

New Principal Place of Business:

Current Mailing Address:

4500 INVERRARY BLVD
LAUDERHILL, FL 33319

New Mailing Address:

FEI Number: 14-2012012 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DONNA A. WILLIAMS
4500 INVERRARY BLVD
LAUDERHILL, FL 33319 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: D
Name: FAYIGA, ADEBAYO MD
Address: 4500 INVERRARY BLVD
City-St-Zip: LAUDERHILL, FL 33319

Title: PT
Name: WILLIAMS, DONNA A PA-C
Address: 4500 INVERRARY BLVD
City-St-Zip: LAUDERHILL, FL 33319

Title: VP
Name: ZANABRIA, LUCIA
Address: 4500 INVERRARY BLVD
City-St-Zip: LAUDERHILL, FL 33319

Title: S
Name: SMALLING, PAULETTE ARNP
Address: 4500 INVERRARY BLVD
City-St-Zip: LAUDERHILL, FL 33319

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: DONNA ANN-MARIE WILLIAMS PT 02/17/2011

Electronic Signature of Signing Officer or Director Date