2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2012
Secretary of State

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Entity Name: WEST TAMPA MEDICAL CLINICS, INC.

Current Principal Place of Business:

2309 WEST DR. MARTIN LUTHER KING, JR. BLVD
SUITE 5
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15761
TAMPA, FL 33684

New Mailing Address:

FEI Number: 01-0945295 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YOUNG, JUAN M M.D.
8416 CLAONIA ST.
TAMPA, FL 33614 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: YOUNG, JUAN M M.D.
Address: 8416 CLAONIA ST
City-St-Zip: TAMPA, FL 33614

Title: VP
Name: SOSA, WILFREDO I
Address: 17281 MORRIS BRIDGE ROAD
City-St-Zip: THONOTOSASSA, FL 33592

Title: SEC
Name: SOSA, WILFREDO I
Address: 17281 MORRIS BRIDGE ROAD
City-St-Zip: THONOTOSASSA, FL 33592

Title: TRES
Name: YOUNG, JUAN M M.D.
Address: 8416 CLAONIA ST.
City-St-Zip: TAMPA, FL 33604

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: JUAN M YOUNG MD PRES 04/26/2012

Electronic Signature of Signing Officer or Director Date