

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000024869

**Entity Name:** CAREFIRST CLINIC, INC.

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

11663 COUNTRYWAY BLVD  
TAMPA, FL 33626

**New Principal Place of Business:**

**Current Mailing Address:**

11663 COUNTRYWAY BLVD  
TAMPA, FL 33626

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUSH ROSS REGISTERED AGENT SERVICES, LLC  
1801 N HIGHLAND AVE  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

BROWN, RICHARD E  
10006 SEYMOUR WAY  
TAMPA, FL 33626 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: RICHARD E BROWN

01/06/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: GREGORY, BERLAND MD  
Address: 11663 COUNTRYWAY BLVD  
City-St-Zip: TAMPA, FL 33626

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: GREGORY A. BERLAND

CEO

01/06/2012

Electronic Signature of Signing Officer or Director

Date