

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000068235

FILED  
Mar 21, 2011  
Secretary of State

Entity Name: LYN-P FAMILY CARE CENTER INC

## Current Principal Place of Business:

4645 GUN CLUB RD  
UNIT #12  
WEST PALM BEACH, FL 33470 US

## New Principal Place of Business:

16436 75TH PLACE NORTH  
LOXAHATCHEE, FL 33470 US

## Current Mailing Address:

4645 GUN CLUB RD  
UNIT #12  
WEST PALM BEACH, FL 33470 US

## New Mailing Address:

16436 75TH PLACE NORTH  
LOXAHATCHEE, FL 33470 US

FEI Number: 90-0600853

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GERMEIL, GREGORY  
16436 75TH PLACE NORTH  
LOXAHATCHEE, FL 334703048 US

## Name and Address of New Registered Agent:

BALDEOSINGH, LYNDIA  
16436 75TH PLACE NORTH  
LOXAHATCHEE, FL 334703048 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: LYNDIA BALDEOSINGH

03/21/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: BALDEOSINGH, LYNDIA  
Address: 16436 75TH PLACE  
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: VP  
Name: GERMEIL, GREGORY  
Address: 16436 75TH PLACE NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

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: LYNDIA BALDEOSINGH

P

03/21/2011

Electronic Signature of Signing Officer or Director

Date