

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000037246

FILED
Sep 27, 2012
Secretary of State

Entity Name: NORDQUIST FAMILY MEDICAL CENTER, M. D. P.A.

Current Principal Place of Business:

1925 DON WICKHAM DR
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

1925 DON WICKHAM DR
CLERMONT, FL 34711 US

New Mailing Address:

FEI Number: 45-2156305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORDQUIST, CLAY E M.D.
1925 DON WICKHAM DR
CLERMONT, FL 34711 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: PRES
Name: NORDQUIST, CLAY E M.D.
Address: 1925 DON WICKHAM DR
City-St-Zip: CLERMONT, FL 34711

Title: TREA
Name: NORDQUIST, CLAY E M.D.
Address: 1925 DON WICKHAM DR
City-St-Zip: CLERMONT, FL 34711

Title: SECY
Name: NORDQUIST, CLAY E M.D.
Address: 1925 DON WICKHAM DR
City-St-Zip: CLERMONT, FL 34711

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: CLAY NORDQUIST

PRES

09/27/2012

Electronic Signature of Signing Officer or Director

Date