

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000057647

FILED  
Apr 24, 2012  
Secretary of State

Entity Name: YOUR MEDICAL CLINIC, INC.

## Current Principal Place of Business:

400 CAPITAL CIRCLE SE  
SUITE 18318  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

2528 US 1 SOUTH  
ST AUGUSTINE, FL 32086

## Current Mailing Address:

400 CAPITAL CIRCLE SE  
SUITE 18318  
TALLAHASSEE, FL 32301

## New Mailing Address:

2528 US 1 SOUTH  
ST AUGUSTINE, FL 32086

FEI Number: 45-2590106

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WARREN, GORDON S  
400 CAPITAL CIRCLE SE  
SUITE 18318  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

WARREN, GORDON S  
2528 US 1 SOUTH  
ST AUGUSTINE, FL 32086 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: GORDON SCOTT WARREN

04/24/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: WARREN, GORDON S  
Address: 2528 US 1 SOUTH  
City-St-Zip: ST AUGUSTINE, FL 32086

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: GORDON SCOTT WARREN

P

04/24/2012

Electronic Signature of Signing Officer or Director

Date