2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2012
Secretary of State

DOCUMENT# P11000108095

Entity Name: NEIGHBORHOOD PRIMARY CARE CLINIC, CORP.

Current Principal Place of Business:

5852 DONNELLY CIRCLE
ORLANDO, FL 32821

New Principal Place of Business:

Current Mailing Address:

5852 DONNELLY CIRCLE
ORLANDO, FL 32821

New Mailing Address:

FEI Number: 45-4111295 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALIX, SUNNY
5852 DONNELLY CIRCLE
ORLANDO, FL 32821 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: ALIX, SUNNY
Address: 5852 DONNELLY CIRCLE
City-St-Zip: ORLANDO, FL 32821 US

Title: VP
Name: RONDON, KRISELLE
Address: 11845 OTTAWA AVENUE
City-St-Zip: ORLANDO, FL 32837 US

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: KRISELLE RONDON VP 01/21/2012

Electronic Signature of Signing Officer or Director — Date