


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000015630			
1. Entity Name FAMILY MEDICAL CLINICS OF HILLSBOROUGH COUNTY, INC.			
Principal Place of Business 3120 W HILLSBOROUGH AVE TAMPA FL 33614		Mailing Address 3120 W HILLSBOROUGH AVE TAMPA FL 33614	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent PATEL, NILESH M 115 S WILLOW AVE TAMPA FL 33606		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP SHAH, ATUL 3611 W HILLSBOROUGH AVE STE 210 TAMPA FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000231834 02/16/05-80041-025 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MUKUND, AMIN 3611 W. HILLSBOROUGH AVE STE 210 TAMPA FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-14-05 813-877-7773