2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000015630

1. Entity Name
FAMILY MEDICAL CLINICS OF HILLSBOROUGH COUNTY, INC.

Principal Place of Business	Mailing Address
3120 W HILLSBOROUGH AVE TAMPA, FL 33614	3120 W HILLSBOROUGH AVE TAMPA, FL 33614

02142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3232625
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. **Name and Address of Current Registered Agent**

PATEL, NILESH M
115 S WILLOW AVE
TAMPA, FL 33606

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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 ____________________________________

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	SHAH, ATUL
STREET ADDRESS	3611 W HILLSBOROUGH AVE STE 210
CITY ST ZIP	TAMPA, FL 33614
TITLE	P
NAME	MUKUND, AMIN
STREET ADDRESS	3611 W. HILLSBOROUGH AVE STE 210
CITY ST ZIP	TAMPA, FL 33614
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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NAME	
STREET ADDRESS	
CITY ST ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all address, with all other like empowered.

SIGNATURE: ____________________ 2/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date