

**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.	
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Principal Place of Business 3120 W HILLSBOROUGH AVE TAMPA, FL 33614	Mailing Address 3120 W HILLSBOROUGH AVE TAMPA, FL 33614
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DO NOT WRITE IN THIS SPACE



02142006 No Chg-P CRZE034 (11/05)

4. FCI 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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IN THIS SPACE**

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 _____ Signature must be written in ink and must be legible. (FCL) Legible signature required for filing.	DATE _____
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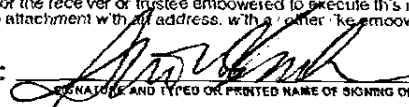
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	VP SHAH, ATUL 3611 W HILLSBOROUGH AVE STE 210 TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY ST ZIP	P MUKUND, AMIN 3611 W. HILLSBOROUGH AVE STE 210 TAMPA, FL 33614
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03/01/06-80017-014 150.00

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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 an address, with a letter, or as empowered.

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