


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 8:00 am
Secretary of State

04-17-2007 90235 005 ***150.00

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



02202007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3232625	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

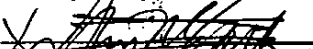
6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 printed name, title, and date and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	SHAH, ATUL
NAME SHAH, ATUL	
STREET ADDRESS 3611 W HILLSBOROUGH AVE STE 210	
CITY-ST-ZIP TAMPA, FL 33614	

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

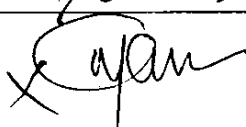
SIGNATURE



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



4/30/