2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2010
Secretary of State

DOCUMENT# P94000015630

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

Current Principal Place of Business:

3120 W HILLSBOROUGH AVE
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

3120 W HILLSBOROUGH AVE
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-3232625 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATEL, NILESH M
115 S WILLOW AVE
TAMPA, FL 33606 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: VP
Name: SHAH, ATUL
Address: 3611 W HILLSBOROUGH AVE STE 210
City-St-Zip: TAMPA, FL 33614

Title: P
Name: MUKUND, AMIN
Address: 3611 W. HILLSBOROUGH AVE STE 210
City-St-Zip: TAMPA, FL 33614

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: ATUL SHAH VP 06/07/2010

Electronic Signature of Signing Officer or Director Date