

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000046696

FILED
Apr 06, 2011
Secretary of State

Entity Name: MAGNOLIA MEDICAL CLINIC, P.A.

Current Principal Place of Business:

131 MAGNOLIA AVENUE, S.E.
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

131 MAGNOLIA AVENUE, S.E.
FORT WALTON BEACH, FL 32548 US

Current Mailing Address:

131 MAGNOLIA AVENUE, S.E.
FORT WALTON BEACH, FL 32548

New Mailing Address:

131 MAGNOLIA AVENUE, S.E.
FORT WALTON BEACH, FL 32548 US

FEI Number: 59-3322674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCKELEW, B A
131 MAGNOLIA AVE SE
FORT WALTON BEACH, FL 325487266 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: P
Name: BUCKELEW, B. A MD
Address: 131 MAGNOLIA AVE SE.
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VP
Name: SENECHAL, PETER K MD
Address: 131 MAGNOLIA AVE SE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: S
Name: SITES, JOHN D MD
Address: 131 MAGNOLIA AVE., S.E.
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: T
Name: SITES, JOHN D MD
Address: 131 MAGNOLIA AVE. SE
City-St-Zip: FORT WALTON BEACH, FL 32548

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: B. A. BUCKELEW, M.D.

P

04/06/2011

Electronic Signature of Signing Officer or Director

Date