2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2011
Secretary of State

DOCUMENT# P95000077144

Entity Name: MAGNOLIA URGENT CARE, P.A.

Current Principal Place of Business:

3185 U.S. HWY. 17 BLDG. A
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

3185 U.S. HWY. 17 BLDG. A
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 59-3338992 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILLIAMS, GRADY H JR.
1279 KINGSLEY AVE., SUITE 117
ORANGE PARK, FL 32073 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: JACOBS, WILLIAM A MD
Address: 3185 HWY 17
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: S
Name: JACOBS, MICHELLE A
Address: 1330 PHILLIPS ST
City-St-Zip: FLEMING ISLAND, FL 32003

Title: T
Name: JACOBS, DEBORAH A
Address: 561 TART ROAD
City-St-Zip: ST AUGUSTINE, FL 32084

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: MICHELLE ANN JACOBS S 03/10/2011

Electronic Signature of Signing Officer or Director Date