

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000006950

FILED
Feb 17, 2011
Secretary of State

Entity Name: FAMILY MEDICAL CARE OF ST. AUGUSTINE, P.A.

Current Principal Place of Business:

244 SOUTHPARK CIRCLE EAST
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

244 SOUTHPARK CIRCLE EAST
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-3552876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, PAULOMI
502 OCEAN MIST COURT
SAINT AUGUSTINE, FL 32080 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: D
Name: PATEL, JIGNESH
Address: 244 SOUTHPARK CIRCLE EAST
City-St-Zip: ST. AUGUSTINE, FL 32086

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: JIGNESH PATEL

DIRE

02/17/2011

Electronic Signature of Signing Officer or Director

Date