2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2011
Secretary of State

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Entity Name: OLD TOWN COMMUNITY HEALTH CENTER, P.A.

Current Principal Place of Business:

3134 NORTHSIDE DR
BLDG B
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

3134 NORTHSIDE DR
BLDG B
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-0950210 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KTG&S REGISTERED AGENT CORPORATION
100 S.E. 2 STREET, STE. 2800
MIAMI, FL 331312144 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: WHITESIDE, MARK M.D.
Address: 3134 NORTHSIDE DRIVE BLDG B
City-St-Zip: KEY WEST, FL 33040

Title: D
Name: COVINGTON, JEROME E
Address: 3134 NORTHSIDE DRIVE BLDG B
City-St-Zip: KEY WEST, FL 33040

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: MARK WHITESIDE D 03/25/2011

Electronic Signature of Signing Officer or Director — Date