2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2015
Secretary of State
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Entity Name: FLORIDA FAMILY MEDICAL CENTERS, INC.

Current Principal Place of Business:

818 CHESTNUT STREET
CLEARWATER, FL 33756

Current Mailing Address:

818 CHESTNUT STREET
CLEARWATER, FL 33756

FEI Number: 59-3022916

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KAY, WALTER D O
818 CHESTNUT ST.
CLEARWATER, FL 33756 US

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

Officer/Director Detail :

Title	P	Title	VP
Name	DELUCIA, EUGENE III D O	Name	BEILAN, MICHAEL DO
Address	4543 S. MANHATTAN AVE.	Address	4901 MARLIN DR.
City-State-Zip:	TAMPA FL 33611-2330	City-State-Zip:	NEW PORT RICHEY FL 34652

Title	ST
Name	KAY, WALTER DO
Address	818 CHESTNUT STREET
City-State-Zip:	CLEARWATER FL 33756

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: WALTER KAY DO 04/01/2015

Electronic Signature of Signing Officer/Director Detail — Date