

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000006095

Entity Name: A1 URGENT CARE & FAMILY PRACTICE CENTER, TAVERNIER,
P.A.

FILED
Apr 04, 2016
Secretary of State
CC3562758119

Current Principal Place of Business:

101451 O/S HWY
#13
KEY LARGO, FL 33037

Current Mailing Address:

101451 O/S HWY
#13
KEY LARGO, FL 33037

FEI Number: 65-1067943

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RAE, IAN N
101451 O/S HWY
#13
KEY LARGO, FL 33037 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 PT
Name RAE, IAN N
Address 101451 O/S HWY
City-State-Zip: KEY LARGO FL 33037

Title VS
Name RAE, MARTHA MLPN
Address 101451 O/S HWY
City-State-Zip: KEY LARGO FL 33037

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: MARTHA RAE

VP

04/04/2016

Electronic Signature of Signing Officer/Director Detail

Date