

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000069124

Entity Name: GAINESVILLE AFTER-HOURS CLINIC, P.A.

Current Principal Place of Business:

1026 SW 2ND AVE, SUITE A
GAINESVILLE, FL 32601

Current Mailing Address:

1026 SW 2ND AVE, SUITE A
GAINESVILLE, FL 32601

FEI Number: 59-3733330

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCCOY, CLARK
1026 SW 2ND AVE, SUITE A
GAINESVILLE, FL 32601 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
Name MCCOY, CLARK S
Address 1026 SW 2ND AVE, SUITE A
City-State-Zip: GAINESVILLE FL 32601

Title ST
Name WALTER, ALLISON
Address 1026 SW 2ND AVE, SUITE A
City-State-Zip: GAINESVILLE FL 32601

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: CLARK S. MCCOY

PRESIDENT

03/22/2013

Electronic Signature of Signing Officer/Director Detail

Date