

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000069124

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

Current Principal Place of Business:

1050 NW 8 AVE SUITE 20A
GAINESVILLE, FL 32601

Current Mailing Address:

9111 SW 53 PL SUITE C
GAINESVILLE, FL 32608 US

FEI Number: 59-3733330

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ODOM, MATTHEW
1050 NW 8 AVE SUITE 20A
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: MATTHEW ODOM

04/05/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name ODOM, MATTHEW
Address 1050 NW 8 AVE SUITE 20A
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: MATTHEW ODOM

PRESIDENT

04/05/2019

Electronic Signature of Signing Officer/Director Detail

Date