

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000016330

Entity Name: MEDICAL CARE CENTER OF FORT WALTON BEACH, INC.

Current Principal Place of Business:

23 ARTHUR LANE
PENSACOLA, FL 32503

Current Mailing Address:

4 BOARDMAN STREET
WESTBOROUGH, MA 01581 US

FEI Number: 86-1052391

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HUTCHINS, C. THOMAS
23 ARTHUR LANE
PENSACOLA, FL 32503 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 PRES
Name HUTCHINS, C. THOMAS
Address 4 BOARDMAN STREET
City-State-Zip: WESTBOROUGH MA 01581

Title SEC
Name HUTCHINS, PAMELA H
Address 4 BOARDMAN STREET
City-State-Zip: WESTBOROUGH MA 01581

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: C. THOMAS HUTCHINS

PRESIDENT

04/28/2016

Electronic Signature of Signing Officer/Director Detail

Date