

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000132865

Entity Name: BAYSIDE FAMILY HEALTHCARE CLINICS, INC.

Current Principal Place of Business:

8488 WEST HILLSBOROUGH AVE
TAMPA, FL 33615

Current Mailing Address:

8488 WEST HILLSBOROUGH AVE
TAMPA, FL 33615

FEI Number: 56-2544450

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FREDERICK, DEXTER M DR.
10130 LONDONSHIRE LANE
TAMPA, FL 33647 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: DEXTER M. FREDERICK

04/19/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name FREDERICK, DEXTER M
Address 10130 LONDONSHIRE LANE
City-State-Zip: TAMPA FL 33647

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: DEXTER M. FREDERICK

PRESIDENT

04/19/2013

Electronic Signature of Signing Officer/Director Detail

Date