

2017 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P94000015630

Entity Name: FAMILY MEDICAL CLINICS OF HILLSBOROUGH COUNTY, INC.

Current Principal Place of Business:

3120 W HILLSBOROUGH AVE
TAMPA, FL 33614

Current Mailing Address:

3120 W HILLSBOROUGH AVE
TAMPA, FL 33614

FEI Number: 59-3232625

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATEL, NILESH M
115 S WILLOW AVE
TAMPA, FL 33606 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: NILESH PATEL

10/04/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name SHAH, ATUL
Address 3611 W HILLSBOROUGH AVE STE 210
City-State-Zip: TAMPA FL 33614

Title P
Name MUKUND, AMIN
Address 3611 W. HILLSBOROUGH AVE STE
 210
City-State-Zip: TAMPA FL 33614

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: ATUL SHAH

VP

10/04/2017

Electronic Signature of Signing Officer/Director Detail

Date