2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2011
Secretary of State

DOCUMENT# 470430

Entity Name: FAMILY PRACTICE CENTER OF SANFORD, P.A.

Current Principal Place of Business:

712 W. 25TH STREET
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

712 W. 25TH STREET
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-1573679 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SNELL,MD, GARY W
712 W. 25TH STREET
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: SNELL, GARY W MD
Address: 712 W 25TH STREET
City-St-Zip: SANFORD, FL 32771

Title: VD
Name: SNELL, GARY MD
Address: 712 W 25TH STREET
City-St-Zip: SANFORD, FL 32771

Title: SECY
Name: SNELL, GARY W MD
Address: 712 W. 25TH STREET
City-St-Zip: SANFORD, FL 32771

Title: TREA
Name: SNELL, GARY W MD
Address: 712 W. 25TH STREET
City-St-Zip: SANFORD, FL 32771

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: GARY W. SNELL, M.D. PRES 03/28/2011

Electronic Signature of Signing Officer or Director — Date