

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000005919

FILED
May 16, 2011
Secretary of State

Entity Name: CENTER FOR FAMILY MEDICINE CORP.

Current Principal Place of Business:

10210 NICARAGUA DRIVE
CUTLER RIDGE, FL 33189

New Principal Place of Business:

Current Mailing Address:

10210 NICARAGUA DRIVE
CUTLER RIDGE, FL 33189

New Mailing Address:

FEI Number: 26-4083978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LORITES, YANELIS
10210 NICARAGUA DRIVE
CUTLER RIDGE, FL 33189 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: PV
Name: LORITES, YANELIS
Address: 10210 NICARAGUA DRIVE
City-St-Zip: CUTLER RIDGE, FL 33189

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: YANELIS LORITES

MSS

05/16/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date