

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 602608

**Entity Name:** TITUSVILLE FAMILY PRACTICE CENTER, P.A.

**Current Principal Place of Business:**

1849 JESS PARRISH CT.  
TITUSVILLE, FL 32796

**Current Mailing Address:**

1849 JESS PARRISH CT.  
TITUSVILLE, FL 32796

**FEI Number:** 59-1312604

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RASBATT-HARRIS, FELICIA  
951 N. WASHINGTON AVENUE  
TITUSVILLE,, FL 32796 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            DIR  
Name            MCALPINE, CHRISTOPHER  
Address        951 N. WASHINGTON AVENUE  
City-State-Zip: TITUSVILLE FL 32796

Title            DIR  
Name            ALEXANDER, LISA M.D.  
Address        951 N. WASHINGTON AVENUE  
City-State-Zip: TITUSVILLE FL 32796

*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:** CHRISTOPHER MCALPINE

DIR

03/01/2015

Electronic Signature of Signing Officer/Director Detail

Date