

2014 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

DIRECTOR

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date