

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G61286

**Entity Name:** CENTER FOR FAMILY PRACTICE AND SPORTS MEDICINE, P.A.

**Current Principal Place of Business:**

720 OAK COMMONS BV  
KISSIMMEE, FL 34741

**Current Mailing Address:**

720 OAK COMMONS BV  
KISSIMMEE, FL 34741

**FEI Number:** 59-2318131

**Certificate of Status Desired:** No

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

WEINBERGER, JOEL M DO  
720 OAK COMMONS BLVD.  
KISSIMMEE, FL 34741 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            PRES  
Name            WEINBERGER, JOEL M  
Address        720 OAK COMMONS BLVD  
City-State-Zip: KISSIMMEE FL 34741

*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:** JOEL WEINBERGER

**PRESIDENT**

**04/05/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date