

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000059797

Entity Name: ST. ANTHONY'S FAMILY MEDICAL PRACTICE, M.D., P.A.

Current Principal Place of Business:

1584 CITRUS MEDICAL CT
OCOE, FL 34761

Current Mailing Address:

1584 CITRUS MEDICAL CT
OCOE, FL 34761

FEI Number: 26-0231679

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALATRISTE, ANTHONY
8366 TIBET BUTLER DRIVE
WINDERMERE, FL 34786 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 P
Name ALATRISTE, ANTHONY
Address 8366 TIBET BUTLER DR
City-State-Zip: WINDERMERE FL 34786

Title VP
Name JIMENEZ, MILDRED
Address 8366 TIBET BUTLER DR
City-State-Zip: WINDERMERE FL 34786

Title S
Name ALATRISTE, JONATHAN
Address 8366 TIBET BUTLER DR
City-State-Zip: WINDERMERE FL 34786

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: ANTHONY ALATRISTE

P

04/12/2016

Electronic Signature of Signing Officer/Director Detail

Date