

**2015 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

**PRESIDENT**

**04/13/2015**

Electronic Signature of Signing Officer/Director Detail

Date