

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000025023

Entity Name: WATERFORD PARK FAMILY MEDICINE, P.A.

Current Principal Place of Business:

632 N SEMORAN BLVD
ORLANDO, FL 32807

Current Mailing Address:

632 N SEMORAN BLVD
ORLANDO, FL 32807 US

FEI Number: 26-2137378

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MALLONEE, RONALD CDR.
632 N SEMORAN BLVD
ORLANDO, FL 32807 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 MALLONEE, RONALD CDR.
Address 632 N SEMORAN
City-State-Zip: ORLANDO FL 32807

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: RONALD C MALLONEE, D.O.

PRESIDENT

04/29/2013

Electronic Signature of Signing Officer/Director Detail

Date