

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000005919

Entity Name: CENTER FOR FAMILY MEDICINE CORP.

Current Principal Place of Business:

10210 NICARAGUA DRIVE
CUTLER RIDGE, FL 33189

Current Mailing Address:

10210 NICARAGUA DRIVE
CUTLER RIDGE, FL 33189

FEI Number: 26-4083978

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LORITES, YANELIS
10210 NICARAGUA DRIVE
CUTLER RIDGE, FL 33189 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 PV
Name LORITES, YANELIS
Address 10210 NICARAGUA DRIVE
City-State-Zip: CUTLER RIDGE FL 33189

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: YANELIS LORITES

PRESIDENT

03/05/2013

Electronic Signature of Signing Officer/Director Detail

Date