2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2014
Secretary of State
CC2652359133

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Entity Name: DEVRIES FAMILY MEDICINE PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

1573 S FORT HARRISON AVE
CLEARWATER, FL 33756

Current Mailing Address:

1573 S FORT HARRISON AVE
CLEARWATER, FL 33756

FEI Number: 47-8156441

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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	D/P
Name	DEVRIES, BENJAMIN DR.,D.O
Address	8761 ABBEY LN
City-State-Zip:	LARGO FL 33771

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: DR BENJAMIN DEVRIES DO PRESIDENT 03/25/2014

Electronic Signature of Signing Officer/Director Detail — Date