2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000086742

Entity Name: AMELIA FAMILY PRACTICE, INC.

Current Principal Place of Business:

C/O HARVEY GRANGER 841 PRUDENTIAL DRIVE, SUITE 1802 JACKSONVILLE, FL 32207

Current Mailing Address:

C/O HARVEY GRANGER 841 PRUDENTIAL DRIVE, SUITE 1802 JACKSONVILLE, FL 32207 US

FEI Number: 59-3215070

Name and Address of Current Registered Agent:

GRANGER, HARVEY 841 PRUDENTIAL DRIVE SUITE 1802 JACKSONVILLE, FL 32207 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

Officer/Director Detail :

| ctor Detail : | | |
|--|---|--|
| D | Title | S |
| GREENE, A. HUGH | Name | GRANGER, HARVEY |
| 841 PRUDENTIAL DRIVE, SUITE 1802 | Address | 841 PRUDENTIAL DRIVE, SUITE 1802 |
| JACKSONVILLE FL 32207 | City-State-Zip: | JACKSONVILLE FL 32207 |
| | | |
| DP | | |
| | | |
| WILBANKS, JOHN F | | |
| WILBANKS, JOHN F 841 PRUDENTIAL DRIVE, SUITE 1802 | | |
| | D GREENE, A. HUGH 841 PRUDENTIAL DRIVE, SUITE 1802 JACKSONVILLE FL 32207 DP | DTitleGREENE, A. HUGHName841 PRUDENTIAL DRIVE, SUITE 1802AddressJACKSONVILLE FL 32207City-State-Zip: |

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: HARVEY GRANGER

SECRETARY

04/29/2016

Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date