

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 470430

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

**Entity Name:** FAMILY PRACTICE CENTER OF SANFORD, P.A.

**Current Principal Place of Business:**

712 W. 25TH STREET  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

712 W. 25TH STREET  
SANFORD, FL 32771

**New Mailing Address:**

**FEI Number:** 59-1573679

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SNELL, MD, GARY W  
712 W. 25TH STREET  
SANFORD, FL 32771 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SNELL, GARY W MD  
Address: 712 W 25TH STREET  
City-St-Zip: SANFORD, FL 32771

Title: VD  
Name: SNELL, GARY MD  
Address: 712 W 25TH STREET  
City-St-Zip: SANFORD, FL 32771

Title: SECY  
Name: SNELL, GARY W MD  
Address: 712 W. 25TH STREET  
City-St-Zip: SANFORD, FL 32771

Title: TREA  
Name: SNELL, GARY W MD  
Address: 712 W. 25TH STREET  
City-St-Zip: SANFORD, FL 32771

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: GARY W. SNELL, M.D.

PD

03/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date