2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 724248

FILED
Feb 14, 2002 8:00 AM
Secretary of State

Entity Name: FLORIDA ACADEMY OF FAMILY PHYSICIANS, INC.

Current Principal Place of Business:

6720 ATLANTIC BLVD
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

Current Mailing Address:

6720 ATLANTIC BLVD
JACKSONVILLE, FL 32211 US

New Mailing Address:

FEI Number: 59-6138054 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORES, MARTHA J
6720 ATLANTIC BLVD
JACKSONVILLE, FL 32211 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:	CD	( ) Delete
Name:	LITTLES, ALMA MD	
Address:	1301 HODGES DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	PD	( ) Delete
Name:	LITTLES, ALMA M.D.	
Address:	895 LIVE OAK TERR N.E.	
City-St-Zip:	SAINT PETERSBURG, FL 33703	
Title:	VD	( ) Delete
Name:	SARANKA, JOHN MD	
Address:	507 WEST ALEXANDER STREET	
City-St-Zip:	PLANT CITY, FL 33566	
Title:	PED	( ) Delete
Name:	COLLINS, CECILIA	
Address:	383 N ROSCOE BLVD	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	M	( ) Delete
Name:	MOORES, MARTHA J CAE	
Address:	6720 ATLANTIC BLVD	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	TD	( ) Delete
Name:	SAVER, DENNIS MD	
Address:	1265 36TH ST. SUITE A	
City-St-Zip:	VERO BEACH, FL 32960	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	CD	(X) Change ( ) Addition
Name:	HARRIS, GEORGE MD	
Address:	2058 HAWAII DRIVE	
City-St-Zip:	ST. PETERSBURG, FL 33703	
Title:	PD	(X) Change ( ) Addition
Name:	COLLINS, CECILIA M.D.	
Address:	383 N ROSCOE BLVD.	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	VD	(X) Change ( ) Addition
Name:	SACK, FLEUR MD	
Address:	8755 S W 94TH STREET #103	
City-St-Zip:	MIAMI, FL 33176	
Title:	PED	(X) Change ( ) Addition
Name:	SARANKO, JOHN	
Address:	507 WEST ALEXANDER STREET	
City-St-Zip:	PLANT CITY, FL 33566	
Title:	M	(X) Change ( ) Addition
Name:	MOORES, MARTHA J CAE	
Address:	6720 ATLANTIC BLVD	
City-St-Zip:	JACKSONVILLE, FL 32211	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA J. MOORES EVP 02/14/2002

Electronic Signature of Signing Officer or Director Date