2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724248

FILED Jan 11, 2005 Secretary of State

Entity Name: FLORIDA ACADEMY OF FAMILY PHYSICIANS, INC.

Current Principal Place of Business: New Principal Place of Business:

6720 ATLANTIC BLVD

JACKSONVILLE, FL 32211 LIS

Current Mailing Address: New Mailing Address:

6720 ATLANTIC BLVD

JACKSONVILLE, FL 32211 US

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

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

FISHER, TAD P 6720 ATLANTIC BLVD JACKSONVILLE, FL 32211 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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

SARANKO, JOHN MD SACK, FLEUR MD Name: Name: 507 WEST ALEXANDER STREET Address: 8921 N SOUTHERN ORCHARD DR Address:

PLANT CITY, FL 33563 City-St-Zip: City-St-Zip: **DAVIE, FL 33328**

Title: PD Title: (X) Change () Addition () Delete

SACK, FLEUR M.D. Name: SAVER, DENNIS M.D. Name: Address: 11400 S W 94TH AVE Address: 1265 36TH ST. SUITE A City-St-Zip: MIAMI, FL 33176 City-St-Zip: VERO BEACH, FL 32960

Title: VD. () Delete Title: (X) Change () Addition

ARGENIO, SANDRA MD Name: STRONG, CYNEETHA MD Name: 4500 SAN PABLO RD. CANNADAY BLDG.#3E 505 APPLEYARD DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: TALLAHASSEE, FL 32304

Title: PED () Delete Title: PED (X) Change () Addition

Name: SAVER, DENNIS Name: ARGENIO, SANDRA 4500 SAN PABLO RD. CANNADAY BLDG.#3E Address: 1265 36TH ST. SUITE A Address:

City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: JACKSONVILLE, FL 32224

Title: () Delete Title: () Change () Addition

FISHER, TAD P EVP Name: Name: 6720 ATLANTIC BLVD Address: Address: City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip:

Title: () Delete Title: () Change () Addition

OSLOS, NEIL MD Name: Name: Address: 303 N CLYDE MORRIS BLVD. Address: DAYTONA BEACH, FL 32120 City-St-Zip: 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: TAD FISHER **EVP** 01/11/2005

Electronic Signature of Signing Officer or Director

Date