2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006
Secretary of State

DOCUMENT# 724248

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:

FISHER, TAD P
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:	SACK, FLEUR MD	
Address:	8921 N SOUTHERN ORCHARD DR	
City-St-Zip:	DAVIE, FL 33328	
Title:	PD	( ) Delete
Name:	SAVER, DENNIS M.D.	
Address:	1265 36TH ST. SUITE A	
City-St-Zip:	VERO BEACH, FL 32960	
Title:	VD	( ) Delete
Name:	STRONG, CYNEETHA MD	
Address:	505 APPLEYARD DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32304	
Title:	PED	( ) Delete
Name:	ARGENIO, SANDRA	
Address:	4500 SAN PABLO RD. CANNADAY BLDG.#3E	
City-St-Zip:	JACKSONVILLE, FL 32224	
Title:	M	( ) Delete
Name:	FISHER, TAD P EVP	
Address:	6720 ATLANTIC BLVD	
City-St-Zip:	JACKSONVILLE, FL 32211	
Title:	TD	( ) Delete
Name:	OSLOS, NEIL MD	
Address:	303 N CLYDE MORRIS BLVD.	
City-St-Zip:	DAYTONA BEACH, FL 32120	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	CD	(X) Change ( ) Addition
Name:	SAVER, DENNIS MD	
Address:	1265 36TH ST. SUITE A	
City-St-Zip:	VERO BEACH, FL 32960	
Title:	PD	(X) Change ( ) Addition
Name:	ARGENIO, SANDRA M.D.	
Address:	4500 SAN PABLO RD. CANNADAY BLDG.#3E	
City-St-Zip:	JACKSONVILLE, FL 32224	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PED	(X) Change ( ) Addition
Name:	OSLOS, NEIL MD	
Address:	303 N CLYDE MORRIS BLVD	
City-St-Zip:	DAYTONA BEACH, FL 32120	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	DAVLANTES, TIMOTHY MD	
Address:	4650 RIVERPOINT RD W	
City-St-Zip:	JACKSONVILLE, FL 32207	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SANDRA ARGENIO, MD PD 01/10/2006

Electronic Signature of Signing Officer or Director — Date