

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724248

FILED  
Jan 16, 2008  
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:

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: ARGENIO, SANDRA MD  
Address: 4500 SAN PABLO RD.  
City-St-Zip: JACKSONVILLE, FL 32224

Title: PD ( ) Delete  
Name: OSLOS, NEIL M.D.  
Address: 303 N CLYDE MORRIS BLVD  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VD ( ) Delete  
Name: MAYEAUX, DENNIS MD  
Address: 5992 BERRYHILL RD #300  
City-St-Zip: MILTON, FL 32570

Title: PED ( ) Delete  
Name: STRONG, CYNETHA MD  
Address: 505 APPELYARD DRIVE  
City-St-Zip: TALLAHASSEE, FL 32304

Title: M ( ) Delete  
Name: FISHER, TAD P EVP  
Address: 6720 ATLANTIC BLVD  
City-St-Zip: JACKSONVILLE, FL 32211

Title: TD ( ) Delete  
Name: DAVLANTES, TIMOTHY MD  
Address: 4650 RIVERPOINT RD W  
City-St-Zip: JACKSONVILLE, FL 32207

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition  
Name: OSLOS, NEIL MD  
Address: 303 N CLYDE MORRIS BLVD  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: PD (X) Change ( ) Addition  
Name: STRONG, CYNETHA M.D.  
Address: 505 APPELYARD DRIVE  
City-St-Zip: TALLAHASSEE, FL 32304

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PED (X) Change ( ) Addition  
Name: DAVLANTES, TIMOTHY MD  
Address: 4500 SAN PABLO ROAD  
City-St-Zip: JACKSONVILLE, FL 32224

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: FLAREAU, BRUCE MD  
Address: 16255 BAY VISTA DRIVE  
City-St-Zip: CLEARWATER, FL 33760

I hereby certify that the information supplied with this filing does not qualify 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: NEIL OSLOS, MD

CD

01/16/2008

Electronic Signature of Signing Officer or Director

Date