

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724248

FILED
Mar 18, 2009
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: OSLOS, NEIL MD
Address: 303 N CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: PD () Delete
Name: STRONG, CYNEETHA M.D.
Address: 505 APPELYARD DRIVE
City-St-Zip: TALLAHASSEE, FL 32304

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

Title: PED () Delete
Name: DAVLANTES, TIMOTHY MD
Address: 4500 SAN PABLO ROAD
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: FLAREAU, BRUCE MD
Address: 16255 BAY VISTA DRIVE
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: STRONG, CYNEETHA MD
Address: 505 APPELYARD DR.
City-St-Zip: TALLAHASSEE, FL 32304

Title: PD (X) Change () Addition
Name: DAVLANTES, TIMOTHY M.D.
Address: 4500 SAN PABLO RD
City-St-Zip: JACKSONVILLE, FL 32224

Title: VD (X) Change () Addition
Name: SMITH, GEORGE MD
Address: 2200 NORTH PALAFOX ST.
City-St-Zip: PENSACOLA, FL 32501

Title: PED (X) Change () Addition
Name: MAYEAUX, DENNIS MD
Address: 5992 BERRYHILL RD
City-St-Zip: MILTON, FL 32570

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

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

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: TAD FISHER

EVP

03/18/2009

Electronic Signature of Signing Officer or Director

Date