2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724248

FILED Jan 12, 2010 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 US

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 ()

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:

Title: CD

 Name:
 DAVLANTES, TIMOTHY MD

 Address:
 4500 SAN PABLO ROAD

 City-St-Zip:
 JACKSONVILLE, FL 32224

Title: PD

 Name:
 MAYEAUX, DENNIS M.D.

 Address:
 5992 BERRYHILL RD

 City-St-Zip:
 MILTON, FL 32570

Title: VD

Name: SMITH, GEORGE MD Address: 2200 NORTH PALAFOX ST. City-St-Zip: PENSACOLA, FL 32501

Title: PED

Name: FLAREAU, BRUCE MD Address: 16255 BAY VISTA DRIVE City-St-Zip: CLEARWATER, FL 33760

Title: M

 Name:
 FISHER, TAD P EVP

 Address:
 6720 ATLANTIC BLVD

 City-St-Zip:
 JACKSONVILLE, FL 32211

Title: TD

 Name:
 ISLEY, AMBER MD

 Address:
 4500 SAN PABLO RD

 City-St-Zip:
 JACKSONVILLE, FL 32224

I hereby 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 all other like empowered.

SIGNATURE: TAD FISHER EVP 01/12/2010