

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724248

**FILED**  
**Jan 18, 2011**  
**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  
**Name:** MAYEAUX, DENNIS MD  
**Address:** 5992 BERRYHILL RD  
**City-St-Zip:** MILTON, FL 32570

**Title:** PD  
**Name:** FLAREAU, BRUCE M.D.  
**Address:** 16255 BAY VISTA DRIVE  
**City-St-Zip:** CLEARWATER, FL 33760

**Title:** VD  
**Name:** RASPA, ROBERT MD  
**Address:** 2627 RIVERSIDE AVENUE  
**City-St-Zip:** JACKSONVILLE, FL 32204

**Title:** PED  
**Name:** SMITH, GEORGE MD  
**Address:** 2200 N PALAFOX ST.  
**City-St-Zip:** PENSACOLA, FL 32501

**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 P FISHER

EVP

01/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date