

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724248

FILED
Mar 06, 2012
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:

MILLSON, JAMES
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: JAMES MILLSON

03/06/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SMITH, GEORGE MD
Address: 22 BARTLETT CIR.
City-St-Zip: PENSACOLA, FL 32505

Title: S/T
Name: KEEHBAUGH, JENNIFER MD
Address: 120 ROCK LAKE RD.
City-St-Zip: LONGWOOD, FL 32750

Title: VP
Name: RASPA, ROBERT MD
Address: 2233 SALT MYRTLE LANE
City-St-Zip: ORANGE PARK, FL 32003

Title: EVP
Name: MILLSON, JAMES
Address: 1741 HORIZON COURT
City-St-Zip: ORANGE PARK, FL 32003

Title: COO
Name: BEAMER, ADAM
Address: 400 LA TRAVESIA FLORA, #202
City-St-Zip: ST AUGUSTINE, FL 32095

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: JAMES MILLSON

EVP

03/06/2012

Electronic Signature of Signing Officer or Director

Date