

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F56130

FILED
Apr 06, 2011
Secretary of State

Entity Name: LAKE HOWELL FAMILY MEDICINE ASSOCIATES, P.A.

Current Principal Place of Business:

590 RUBY CT
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

590 RUBY CT
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-2138140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVERMAN, WILLIAM M
590 RUBY CT.
MAITLAND, FL 32751 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: PD
Name: SILVERMAN, WILLIAM M
Address: 590 RUBY CT.
City-St-Zip: MAITLAND, FL 32751 US

Title: SEC
Name: SILVERMAN, DOROTHY B
Address: 590 RUBY COURT
City-St-Zip: MAITLAND, FL 32751 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM M SILVERMAN

PRES

04/06/2011

Electronic Signature of Signing Officer or Director

Date