2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2011
Secretary of State

DOCUMENT# F97054

Entity Name: FRANCILLE M. MACFARLAND, M.D., P.A.

Current Principal Place of Business:

1992 MIZELL AVE
WINTER PARK, FL 32792

New Principal Place of Business:

1992 MIZELL AVE
SUITE 100
WINTER PARK, FL 32792

Current Mailing Address:

P.O. BOX 2665
WINTER PARK, FL 32790

New Mailing Address:

FEI Number: 59-2215437 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACFARLAND, FRANCILLE M., M.D.
1992 MIZELL AVE
WINTER PARK, FL 32790 US

Name and Address of New Registered Agent:

MACFARLAND, FRANCILLE M., M.D.
1992 MIZELL AVE
SUITE 100
WINTER PARK, FL 32790 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: _____ 01/04/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PST
Name: MACFARLAND, FRANCILLE M. MD
Address: 1992 MIZELL AVE
City-St-Zip: WINTER PARK, FL 32792

Title: PST
Name: MACFARLAND, FRANCILLE M, MD
Address: P.O. BOX 2665
City-St-Zip: WINTER PARK, FL 32790

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: FRANCILLE M. MACFARLAND, MD PST 01/04/2011
Electronic Signature of Signing Officer or Director — Date