2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2006
Secretary of State

DOCUMENT# G42690

Entity Name: FAMILY PRACTICE ASSOCIATES OF ORANGE PARK, P.A.

Current Principal Place of Business:

1594 KINGSLEY AVENUE
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

1594 KINGSLEY AVENUE
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 59-2295934 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BULTMAN, RICHARD J.
1594 KINGSLEY AVE.
ORANGE PARK, FL 32073 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: O ( ) Delete
Name: BULTMAN, RICHARD J
Address: 1594 KINGSLEY AVE.
City-St-Zip: ORANGE PARK, FL 32073

Title: S ( ) Delete
Name: HUHN, MARIANNE
Address: 1594 KINGSLEY AVE.
City-St-Zip: ORANGE PARK, FL 32073

Title: OP ( ) Delete
Name: SESSIONS, WILLIAM H MD
Address: 1594 KINGSLEY AVE
City-St-Zip: ORANGE PARK, FL 32073

Title: O ( ) Delete
Name: BIGGERSTAFF, JAMES R MD
Address: 1594 KINGSLEY AVE
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: KUHN, MARIANNE
Address: 1594 KINGSLEY AVE.
City-St-Zip: ORANGE PARK, FL 32073

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RICHARD J. BULTMAN, MD OWNE 01/03/2006
Electronic Signature of Signing Officer or Director Date