2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# G44273

Entity Name: FAMILY PRACTICE ASSOCIATES, M.D., P.A.

Current Principal Place of Business:

C/O CHRISTOPHER M. CHAPPEL
461 W OAK STR, STE A
KISSIMMEE, FL 34741 US

New Principal Place of Business:

C/O MICHEAL H. LINK
461 W OAK STR, STE A
KISSIMMEE, FL 34741 US

Current Mailing Address:

C/O CHRISTOPHER M. CHAPPEL
461 W OAK STR, STE A
KISSIMMEE, FL 34741 US

New Mailing Address:

C/O MICHAEL H. LINK
461 W OAK STR, STE A
KISSIMMEE, FL 34741 US

FEI Number: 59-2303391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LINK, MICHAEL H
461 W OAK STR
STE A
KISSIMMEE, FL 32741 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: PD ( ) Delete
Name: CHAPPEL, CHRISTOPHER M
Address: 461 W OAK STR, STE A
City-St-Zip: KISSIMMEE, FL 34741

Title: VDS ( ) Delete
Name: LINK, MICHAEL H
Address: 461 W OAK STR, STE A
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LINK, MICHAEL H
Address: 461 W OAK STR, STE A
City-St-Zip: KISSIMMEE, FL 34741

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

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL H. LINK PD 04/25/2007

Electronic Signature of Signing Officer or Director Date