

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L19367

FILED
Jan 20, 2011
Secretary of State

Entity Name: PLANTATION FAMILY MEDICAL ASSOCIATES, P.A.

Current Principal Place of Business:

% PAUL T. BATES
201 NW 82 AVE #401
PLANTATION, FL 33324

New Principal Place of Business:

PAUL T. BATES
201 NW 82 AVE #401
PLANTATION, FL 33324

Current Mailing Address:

% PAUL T. BATES
201 NW 82 AVE #401
PLANTATION, FL 33324

New Mailing Address:

PAUL T. BATES
201 NW 82 AVE #401
PLANTATION, FL 33324

FEI Number: 65-0144768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATES, PAUL T.
201 NW 82 AVE
SUITE 401
PLANTATION, FL 33324 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: PS
Name: BATES, PAUL T.
Address: 201 NW 82 AVE #401
City-St-Zip: PLANTATION, FL

Title: VT
Name: MORAN, GLENN K
Address: 201 NW 82 AVE # 1401
City-St-Zip: PLANTATION, FL 33324

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: PAUL BATES

PS

01/20/2011

Electronic Signature of Signing Officer or Director

Date