

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L25100

FILED
Feb 16, 2011
Secretary of State

Entity Name: FAMILY PRACTICE-ST. CLOUD, P.A.

Current Principal Place of Business:

3100 17TH STREET
ST. CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

3100 17TH STREET
ST. CLOUD, FL 34769

New Mailing Address:

FEI Number: 59-2974863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKER, JOHN F
3100 17TH STREET
ST. CLOUD, FL 34769 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: DP
Name: WILKER, JOHN FREDRIC
Address: 3100 17TH STREET
City-St-Zip: ST. CLOUD, FL 34769

Title: SD
Name: THORNE, D. PAUL
Address: 3100 17TH STREET
City-St-Zip: ST. CLOUD, FL 34769

Title: VD
Name: POWERS, CHARLES K
Address: 3100 17TH ST.
City-St-Zip: SAINT CLOUD, FL 34769

Title: TD
Name: BAUR, CHRISTOPHER
Address: 3100 17TH STREET
City-St-Zip: SAINT CLOUD, FL 34769

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: DAVID PAUL THORNE, M.D.

SECR

02/16/2011

Electronic Signature of Signing Officer or Director

Date