

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L78405

FILED
Apr 26, 2006
Secretary of State

Entity Name: ASSOCIATED FAMILY MEDICINE, P.A.

Current Principal Place of Business:

320 SABAL PALM PLACE
200
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

P O BOX 915201
LONGWOOD, FL 327915201

New Mailing Address:

FEI Number: 59-3024929 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VYAS, ZABUNNISSA
895 FOX VALLEY DR
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

VYAS, ZABUNNISSA
320 SABAL PALM PLACE
200
LONGWOOD, FL 32779 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: _____ 04/26/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: VYAS, ZABUNNISSA,
Address: 895 FOX VALLEY DR
City-St-Zip: LONGWOOD, FL

Title: V () Delete
Name: VYAS, SUREE
Address: 895 FOX VALLEY DR
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: VYAS, ZABUNNISSA,
Address: 320 SABAL PALM PLACE STE 200
City-St-Zip: LONGWOOD, FL 32779

Title: V (X) Change () Addition
Name: VYAS, SUREE
Address: 320 SABAL PALM PLACE STE 200
City-St-Zip: LONGWOOD, FL 32779

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: SUREE VYAS V 04/26/2006
Electronic Signature of Signing Officer or Director Date