

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L78405

FILED
Apr 24, 2007
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
320 SABAL PALM PLACE
200
LONGWOOD, FL 32779 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: DP () Delete
Name: VYAS, ZABUNNISSA,
Address: 320 SABAL PALM PLACE STE 200
City-St-Zip: LONGWOOD, FL 32779

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ZABUNNISSA VYAS

DP

04/24/2007

Electronic Signature of Signing Officer or Director

Date