

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90075 003 ***150.00

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1. Entity Name
FLORIDA FAMILY MEDICAL CENTERS, INC.



Principal Place of Business
818 CHESTNUT STREET
CLEARWATER, FL 33756

Mailing Address
818 CHESTNUT STREET
CLEARWATER, FL 33756

50001448



03182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3022916

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

KAY, WALTER D O
818 CHESTNUT ST.
CLEARWATER, FL 33756

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DELUCIA, EUGENE III D O
4543 S. MANHATTAN AVE.
TAMPA, FL 336112330

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BEILAN, MICHAEL DO
4901 MARLIN DR.
NEW PORT RICHEY, FL 34652

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
KAY, WALTER DO
818 CHESTNUT STREET
CLEARWATER, FL 33756

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #