2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006
Secretary of State

DOCUMENT# N05000002288

Entity Name: FAMILY MED PAC, INC.

Current Principal Place of Business:

6720 ATLANTIC BLVD.
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

6720 ATLANTIC BLVD.
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 20-2451393 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER L.
1000 RIVERSIDE AVE., STE. 115
JACKSONVILLE, FL 32204 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: D ( ) Delete
Name: SAYRE, JAYNE MD
Address: 6720 ATLANTIC BLVD.
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete
Name: MOORE, WILLIAM MD
Address: 6720 ATLANTIC BLVD.
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete
Name: GRANT, GEORGE MD
Address: 6720 ATLANTIC BLVD.
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SAYRE, JERRY MD
Address: 6720 ATLANTIC BLVD.
City-St-Zip: JACKSONVILLE, FL 32211

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY SAYRE, M.D. D 07/10/2006

Electronic Signature of Signing Officer or Director — Date