

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002288

Entity Name: FAMILY MED PAC, INC.

FILED
Jan 16, 2008
Secretary of State

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 ()

Name and Address of Current Registered Agent:

FISHER, TAD P EVP
6720 ATLANTIC BLVD
JACKSONVILLE, FL 32211 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, JERRY 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: HICKS, TOM MD
Address: 6720 ATLANTIC BLVD.
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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, MD

D

01/16/2008

Electronic Signature of Signing Officer or Director

Date