2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2010
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 ( )**

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
Name: SAYRE, JERRY MD
Address: 6720 ATLANTIC BLVD.
City-St-Zip: JACKSONVILLE, FL 32211

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

Title: D
Name: HICKS, TOM MD
Address: 6720 ATLANTIC BLVD.
City-St-Zip: JACKSONVILLE, FL 32211

I hereby 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 all other like empowered.

SIGNATURE: TAD FISHER EVP 01/12/2010
Electronic Signature of Signing Officer or Director Date