

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 04, 2011
Secretary of State**

DOCUMENT# N07000012006

Entity Name: FAMILY MEDICINE CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1 SHIRCLIFF WAY
ROOM 1928
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

1 SHIRCLIFF WAY
ROOM 1928
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 26-1983355 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SMITH HULSEY & BUSEY, PROFESSIONAL ASSOCIA
225 WATER STREET STE 1800
JACKSONVILLE, FL 32202 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: DP
Name: MCKROW, DENISE
Address: 1 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

Title: DV
Name: HEEKIN, JOSH
Address: 1061 HOLMESDALE ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: DS
Name: LEE, BILL
Address: 1 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

Title: DT
Name: TISDELL NEWTON, COLEEN
Address: 2565 PARK STREET
City-St-Zip: JACKSONVILLE, FL 32204

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: BILL LEE

DS

03/04/2011

Electronic Signature of Signing Officer or Director

Date