

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004971

FILED
Jan 06, 2012
Secretary of State

Entity Name: SEMINOLE COUNTY PHYSICIANS FOR VOLUNTEER SERVICES, INC.

Current Principal Place of Business:

4106 W. LAKE MARY BLVD.
SUITE 130
LAKE MARY, FL 32746 US

New Principal Place of Business:

1540 INTERNATIONAL PKWY.
SUITE 2000
LAKE MARY, FL 32746 US

Current Mailing Address:

P O BOX 951450
LAKE MARY, FL 32795

New Mailing Address:

FEI Number: 59-3200642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTSON, JOHN MD
4106 W. LAKE MARY BLVD. #330
LAKE MARY, FL 32746 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: PD
Name: ROBERTSON MD, JOHN W
Address: 4106 W LAKE MARY BLVD STE 330
City-St-Zip: LAKE MARY, FL 32746

Title: D
Name: DAVIS, GLEN
Address: 4106 W LAKE MARY BLVD #301
City-St-Zip: LAKE MARY, FL 32746

Title: D
Name: BRAGG, RICHARD MD
Address: 580 RINEHART RD STE 110
City-St-Zip: LAKE MARY, FL 32746

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: JOHN ROBERTSON, MD

PD

01/06/2012

Electronic Signature of Signing Officer or Director

Date