

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000003357

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** HERNANDO FAMILY PRACTICE CENTER, INC.

**Current Principal Place of Business:**

20 SO. BROAD STREET  
BROOKSVILLE, FL 34601

**New Principal Place of Business:**

10507 SPRING HILL DR  
SPRING HILL, FL 34608

**Current Mailing Address:**

20 SO. BROAD STREET  
BROOKSVILLE, FL 34601

**New Mailing Address:**

10507 SPRING HILL DR  
SPRING HILL, FL 34608

**FEI Number:** 59-3620057

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBARTS, HENRY W  
2955 SE 3RD COURT  
OCALA, FL 34471 US

**Name and Address of New Registered Agent:**

AMARCHAND, LINGAPPA  
10507 SPRING HILL DRIVE  
SPRING HILL, FL 34608 US

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: AMARCHAND LINGAPPA

04/12/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: AMARCHAND, LINGAPPA DR.  
Address: 10507 SPRING HILL DR  
City-St-Zip: SPRING HILL, FL 34608

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

SIGNATURE: AMARCHAND LINGAPPA

DPT

04/12/2010

Electronic Signature of Signing Officer or Director

Date