

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90051 003 ***150.00

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1. Entity Name

THE FAMILY PHYSICIANS OF BVL, P.A.



Principal Place of Business

~~104 BUENA VENTURA BLVD.~~ 3071 MICHIGAN AVE
KISSIMMEE, FL ~~33744~~ 34744

Mailing Address

4065 NEWBERRY RD
GAINESVILLE, FL 32607

40064898



DO NOT WRITE IN THIS SPACE

01032007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3650014

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURGOS, RONALD

~~104 BUENA VISTA BLVD.~~ 3071 MICHIGAN AVE
KISSIMMEE, FL ~~33744~~ 34744

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BURGOS, RONALD
STREET ADDRESS	104 BUENA VENTURA BLVD. 3071 MICHIGAN AVE
CITY - ST - ZIP	KISSIMMEE, FL 34743 34744

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/07 407 348-9111
Date Daytime Phone #