

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000084918

FILED
Apr 03, 2007
Secretary of State

Entity Name: EAST VOLUSIA FAMILY PRACTICE, P.A.

Current Principal Place of Business:

3911 S. NOVA RD.
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

3911 S. NOVA RD.
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 59-3666235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENNINGS, LANE E M.D.
3911 S. NOVA RD.
PORT ORANGE, FL 32127 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOYE, RICAHRD H M.D.
Address: 3911 S. NOVA RD.
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: MARRESE, JR., ROXY M.D.
Address: 201 N. CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: JENNINGS, LANE E M.D.
Address: 3911 S. NOVA RD.
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: MILCARSKY, EDWARD J M.D.
Address: 3911 S. NOVA RD.
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: HERNANDEZ, TERESA G M.D.
Address: 201 N. CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: REES, RYAN M.D.
Address: 201 N. CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LANE E. JENNINGS, M.D.

D

04/03/2007

Electronic Signature of Signing Officer or Director

Date