2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2012
Secretary of State

DOCUMENT# P00000084918

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

OFFICERS AND DIRECTORS:

Title: PD
Name: JENNINGS, LANE E MD
Address: 3911 S. NOVA RD.
City-St-Zip: PORT ORANGE, FL 32127

Title: VD
Name: MARRESE, JR., ROXY M.D.
Address: 201 N. CLYDE MORRIS BLVD. #240
City-St-Zip: DAYTONA BEACH, FL 32114

Title: TD
Name: REES, RYAN M.D.
Address: 201 N. CLYDE MORRIS BLVD. #240
City-St-Zip: DAYTONA BEACH, FL 32114

Title: SD
Name: HERNANDEZ, TERESA G M.D.
Address: 201 N. CLYDE MORRIS BLVD. #240
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VD
Name: EISENHUT, JOSHUA R M.D.
Address: 3911 S. NOVA RD
City-St-Zip: PORT ORANGE, FL 32127

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: LANE E. JENNINGS, M.D. PD 04/03/2012

Electronic Signature of Signing Officer or Director Date