2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008
Secretary of State

DOCUMENT# P00000098321

Entity Name: FAMILY MEDICAL CARE OF RIVERVIEW, P.A.

Current Principal Place of Business:

7229 US HWY 301 SOUTH
RIVERVIEW, FL 33569

New Principal Place of Business:

7229 US HWY 301 SOUTH
RIVERVIEW, FL 33578

Current Mailing Address:

P.O. BOX 3391
RIVERVIEW, FL 33569

New Mailing Address:

P.O. BOX 3391
RIVERVIEW, FL 33568

FEI Number: 59-3676765 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUGG, W.N.
100 S ASHLEY DR, STE 1500
TAMPA, FL 33602 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: MARTINO, SAMUEL C DO
Address: 7229 HWY 301 S
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Delete
Name: SIRCHIA, FRANK A MD
Address: 7229 HWY 301 S
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Delete
Name: DAWSON, JACQUI M DO
Address: 7229 HWY 301 S
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MARTINO, SAMUEL C DO
Address: 7229 HWY 301 S
City-St-Zip: RIVERVIEW, FL 33578

Title: D (X) Change ( ) Addition
Name: SIRCHIA, FRANK A MD
Address: 7229 HWY 301 S
City-St-Zip: RIVERVIEW, FL 33578

Title: D (X) Change ( ) Addition
Name: DAWSON, JACQUI M DO
Address: 7229 HWY 301 S
City-St-Zip: RIVERVIEW, FL 33578

I hereby certify that the information supplied with this filing does not qualify 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: EDDIE G. LOUDERBACK CMM 01/29/2008

Electronic Signature of Signing Officer or Director Date