

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000098951

FILED
Mar 31, 2011
Secretary of State

Entity Name: WILLISTON FAMILY PRACTICE, P.A.

Current Principal Place of Business:

111 WEST NOBLE AVENUE
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 250
WILLISTON, FL 32696

New Mailing Address:

FEI Number: 59-3677068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATKINSON, MARIA M.D.
111 WEST NOBLE AVENUE
WILLISTON, FL 32696 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: P
Name: ATKINSON, MARIA MD
Address: 111 WEST NOBLE AVENUE
City-St-Zip: WILLISTON, FL 32696

Title: V
Name: FARRALES, ANTONIO MD
Address: 111 WEST NOBLE AVENUE
City-St-Zip: WILLISTON, FL 32696

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: MARIA ATKINSON

P

03/31/2011

Electronic Signature of Signing Officer or Director

Date