# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 12, 2011**
**Secretary of State**

DOCUMENT# P01000004502

**Entity Name:** FIRST CHOICE FAMILY MEDICAL CENTER, P.A.

**Current Principal Place of Business:**

120 MEDICAL BLVD., SUITE 102
SPRING HILL, FL 34609

**New Principal Place of Business:**

**Current Mailing Address:**

20 SOUTH BROAD STREET
BROOKSVILLE, FL 34601

**New Mailing Address:**

**FEI Number: 65-1067232** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THE HOGAN LAW FIRM, P.A.
20 SOUTH BROAD STREET
BROOKSVILLE, FL 34601 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: D
Name: KROLL, BRIAN C
Address: 120 MEDICAL BLVD SUITE 102
City-St-Zip: SPRING HILL, FL 34609

Title: VP
Name: KROLL, LISA L
Address: 120 MEDICAL BLVD SUITE 102
City-St-Zip: SPRING HILL, FL 34609

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: BRIAN C. KROLL D 01/12/2011

Electronic Signature of Signing Officer or Director — Date