APR-25-2007 11:56 FROM:EDWARDS PLATT RAULER (813) 752-8725

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90846 035 ***150.00

DOCUMENT # P01000111702 1. Entity Name FAMILY MEDICINE ASSOCIATES, P.A.								
Principal Place of Business Malling Address			1 40	093490				
1601 W. TIMBERLANE DR.		1601 W. TIMBERLANE DI #300			00020			
PLANT CITY, FL 33567 PLANT CITY, FL 33567			.,		# 45 101 # 6 11 64 17 67 71 6 1	ELGE HEFEL HITSE HEFE HEFE BANK	DATECO (F IAR)	
2. Principal Place of Business - No P.O. Box # 3. Melling Address 20 N. Alexander St. POBOX 30		930						
Suite, Apl. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242007	Chg-P	CR2E034 (12/06)	
Suite B City & State		City & State Plant City FC		4. FEI Numb		 	Applied For	
Plant City FC Zip Country		Plant City	Zip Country		32892	¢0.75 A	Vot Applicable	
33563		1 "'	Hills borou	<u>ዓ</u> ነነ	e of Status Desired	Fee Requir		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name								
SALVATO, MICHAEL A Street Addr.					el A. Sal Vato s (P.O. Box Number is Not Acceptable)			
1601 W. TIMBERLAND DR. #4300 PLANT CITY, FL 33567			310		under St		<u>,</u>	
· .	;	_				- 17-0	4-	
City Plant City FL Zip Code 33563								
8. 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. I am familiar with, and accept the obligations of registered agent.								
marker (1 survent)								
SIGNATURE Signature, tyged or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE								
FILE NOWIN FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. 9. Election Campaign Financing \$5.00 May Be Added to Fees								
10.	OFFICERS AND		11.	ADDITIONS	/CHANGES TO OF	FICERS AND DIRECTOR Change	 	
TITLE NAME	SALVATO, MICHAEL A	☐ Deleta	NAME			C) change		
STREET ADDRESS CITY-ST-ZIP	1601-W. TIMBERLAND DR. #300 PLANT CITY, FL 43567-33563	STREET ADDRESS CITY-ST-ZIP						
TITLE	PLANT CITT, PL 9330433565	☐ Defete	TITLE			☐ Charge	Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-2IP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·	<u></u>	☐ Change	Addition	
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CITY-ST-ZIP			CITY - ST-ZIP					
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STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP			☐ Change	Addition	
HITLE NAME		Delete	NTLE NUME			டு கூழுக		
STREET ADDRESS			STREET ADDRESS					
CITY ST ZIP			CITY-SI-ZIP		· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	
NAME		C Dead	NAME			_ •	_	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	\				
45 16 16	Lectily that the information supplied with	this filing does not qualify for	the exemptions hant	ained in Chapter 11	9. Florida Statutes.	further certify that the	information	
12. Thereby certify that the information supplied with this limit does not qualify for the examined the property that the information supplemental report is true and accurate and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other/like empanyered.								
m. 1. 1/ Pi (lan) 4/25/07								
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