


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 1601 W. TIMBERLANE DR. #300 PLANT CITY, FL 33567			Mailing Address 1601 W. TIMBERLANE DR. #300 PLANT CITY, FL 33567		
2. Principal Place of Business - No P.O. Box # 210 N. Alexander St.		3. Mailing Address P.O. Box 3930			
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc.			
City & State Plant City FL		City & State Plant City FL		4. FEI Number 80-0032892	
Zip 33563		Country Hillsborough		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALVATO, MICHAEL A 1601 W. TIMBERLAND DR. #4300 PLANT CITY, FL 33567		7. Name and Address of New Registered Agent Name Michael A. Salvato Street Address (P.O. Box Number is Not Acceptable) 210 N. Alexander St. Suite B 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. SIGNATURE <u>Michael A. Salvato</u> DATE <u>4/25/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALVATO, MICHAEL A 1601 W. TIMBERLAND DR. #300-210 N. Alexander St Suite B PLANT CITY, FL 33567-33563	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.					
SIGNATURE: <u>Michael A. Salvato</u>			DATE <u>4/25/07</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone</small>		

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