

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90065 011 ***150.00

DOCUMENT # P02000049202					
1. Entity Name ATLANTIC FAMILY MEDICINE, P.A.					
Principal Place of Business 900 NORTH SWALLOW TAIL DR. SUITE 102 PORT ORANGE, FL 32129			Mailing Address 900 NORTH SWALLOW TAIL DR. SUITE 102 PORT ORANGE, FL 32129		
2. Principal Place of Business - No P.O. Box # 1185 Dunlawton Ave		3. Mailing Address Same			
Suite, Apt. #, etc. Suite 104		Suite, Apt. #, etc.			
City & State PORT ORANGE, FL		City & State		4. FEI Number 04-3657454	
Zip 32127		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANESTAR, LUISA T 900 NORTH SWALLOW TAIL DR SUITE 102 PORT ORANGE, FL 32129			7. Name and Address of New Registered Agent Name <u>MANESTAR, LUISA T</u> Street Address (P.O. Box Number is Not Acceptable) <u>1185 DUNLAWTON AVE</u> <u>Suite 104</u> City <u>PORT ORANGE</u> <u>FL</u> Zip Code <u>32127</u>		
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>[Signature]</u> DATE <u>4/9/07</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 \$350.00			9. Election Campaign Financing <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	D <input type="checkbox"/> Delete MANESTAR, LUISA T 19 CORMORANT CIRCLE DAYTONA BEACH, FL 32119		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BUCHANAN, SANDRA L 1942 TAYLOR ROAD DAYTONA BEACH, FL 32128		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/9/07</u> Daytime Phone # <u>386/767-5477</u>		