

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000049202

FILED
Jan 24, 2008
Secretary of State

Entity Name: ATLANTIC FAMILY MEDICINE, P.A.

Current Principal Place of Business:

1185 DUNLAWTON AVE
SUITE 104
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

900 NORTH SWALLOW TAIL DR.
SUITE 102
PORT ORANGE, FL 32129

New Mailing Address:

1185 DUNLAWTON AVE
SUITE 104
PORT ORANGE, FL 32127

FEI Number: 04-3657454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANESTAR, LUISA T
1185 DUNLAWTON AVE
SUITE 104
PORT ORANGE, FL 32127 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MANESTAR, LUISA T
Address: 19 CORMORANT CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32119

Title: D () Delete
Name: BUCHANAN, SANDRA L
Address: 1942 TAYLOR ROAD
City-St-Zip: DAYTONA BEACH, FL 32128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: MANESTAR, LUISA T
Address: 19 CORMORANT CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32119

Title: MD (X) Change () Addition
Name: BUCHANAN, SANDRA L
Address: 1942 TAYLOR ROAD
City-St-Zip: DAYTONA BEACH, FL 32128

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LUISA T MANESTAR

MD

01/24/2008

Electronic Signature of Signing Officer or Director

Date