

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000068651

FILED
Mar 20, 2008
Secretary of State

Entity Name: FAMILY MEDICINE CLINICS OF SOUTH FLORIDA, PA

Current Principal Place of Business:

17901 NW 5TH ST
#102
PEMBROKE PINES, FL 33029

Current Mailing Address:

17901 NW 5TH ST
#102
PEMBROKE PINES, FL 33029

New Principal Place of Business:

11214 PINES BLVD
UNIT 217
PEMBROKE PINES, FL 33026

New Mailing Address:

11214 PINES BLVD
UNIT 217
PEMBROKE PINES, FL 33026

FEI Number: 01-0727005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARE, JONATHAN S MD
500 SW 108TH AVENUE
APT 101
PEMBROKE PINES, FL 33025 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: P () Delete
Name: WARE, JONATHAN S MD
Address: 500 SW 108TH AVENUE, APT 101
City-St-Zip: PEMBROKE PINES, FL 33025

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WARE, JONATHAN S MD
Address: 11214 PINES BLVD, UNIT 217
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: DV () Change (X) Addition
Name: SUSAN, LITTLEJOHN S
Address: 717 BROADWAY
City-St-Zip: DUNEDIN, FL 34698 US

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: JONATHAN S. WARE, EMT, MD

DP

03/20/2008

Electronic Signature of Signing Officer or Director

Date