

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000068651

FILED  
Sep 11, 2009  
Secretary of State

Entity Name: FAMILY MEDICINE CLINICS OF SOUTH FLORIDA, PA

## Current Principal Place of Business:

601 N. FLAMINGO RD, STE 319  
PEMBROKE PINES, FL 33028

## New Principal Place of Business:

3170 NORTH FEDERAL HIGHWAY  
SUITE 214  
LIGHTHOUSE POINT, FL 33064

## Current Mailing Address:

601 N. FLAMINGO RD, STE 319  
PEMBROKE PINES, FL 33028

## New Mailing Address:

3170 NORTH FEDERAL HIGHWAY  
SUITE 214  
LIGHTHOUSE POINT, FL 33064

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:

WARE, JONATHAN S MD  
717 BROADWAY  
DUNEDIN, FL 34698 US

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: JONATHAN S WARE MD

09/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: WARE, JONATHAN S MD  
Address: 717 BROADWAY  
City-St-Zip: DUNEDIN, FL 34698 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 MD

DP

09/11/2009

Electronic Signature of Signing Officer or Director

Date