

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000074611

FILED  
Jan 31, 2009  
Secretary of State

Entity Name: BRANDON FAMILY MEDICAL CARE, P.A.

## Current Principal Place of Business:

414 WEST ROBERTSON STREET  
BRANDON, FL 33511

## New Principal Place of Business:

## Current Mailing Address:

414 WEST ROBERTSON STREET  
BRANDON, FL 33511

## New Mailing Address:

FEI Number: 42-1541613

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SEHRES, RANELL  
414 WEST ROBERTSON STREET  
BRANDON, FL 33511 US

## Name and Address of New Registered Agent:

DAVIS, MICHAEL  
414 WEST ROBERTSON STREET  
BRANDON, FL 33511 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: MICHAEL DAVIS

01/31/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SEHRES, RANDELL M.D.  
Address: 2805 WINDCREST OAKS CT  
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete  
Name: DAVIS, MICHAEL M.D.  
Address: 9104 HIDDEN WATER CIRCLE  
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Delete  
Name: THIELE, DAVID M.D.  
Address: 1307 CALADESI DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D ( ) Delete  
Name: FEHLING, JOHN M.D.  
Address: 5845 AUDUBON MANOR BLVD.  
City-St-Zip: LITHIA, FL 33547

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: MICHAEL DAVIS

D

01/31/2009

Electronic Signature of Signing Officer or Director

Date