


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90040 040 ***150.00

DOCUMENT # P02000076180					
1. Entity Name FAMILY MEDICINE ASSOCIATES OF THE EMERALD COAST, P.A.					
Principal Place of Business 36438 EMERALD COAST PARKWAY, STE 2101 DESTIN, FL 32541			Mailing Address FAMILY MEDICINE ASSOCIATES 4421 COMMONS DR. EAST, UNIT 318 DESTIN, FL 32541		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 36438 Emerald Coast Pkwy			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 2101			
City & State		City & State Destin, FL		02262008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 32-0022440	
32541		USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CARLI, DIANA D 4012 COMMONS DRIVE WEST, STE 104 DESTIN, FL 32541			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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	PRES LEURINDA, ANA 4398 OLD BAYOU TRAIL DESTIN, FL 32541 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____			4/15/08 850-269-2186		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		