

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000076180

FILED
Apr 28, 2010
Secretary of State

Entity Name: FAMILY MEDICINE ASSOCIATES OF THE EMERALD COAST, P.A.

Current Principal Place of Business:

36468 EMERALD COAST PARKWAY, STE 2101
DESTIN, FL 32541

New Principal Place of Business:

348 MIRACLE STRIP PARKWAY
SUITE 26
FORT WALTON BEACH, FL 32548

Current Mailing Address:

36468 EMERALD COAST PARKWAY, STE 2101
4421 COMMONS DR. EAST, UNIT 318
DESTIN, FL 32541

New Mailing Address:

PO BOX 1646
DESTIN, FL 32540

FEI Number: 32-0022440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLI, DIANA D
4012 COMMONS DRIVE WEST, STE 104
DESTIN, FL 32541 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
Name: LEURINDA, ANA
Address: 348 MIRACLE STRIP PARKWAY SUITE 26
City-St-Zip: FORT WALTON BEACH, FL 32548

I hereby 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 all other like empowered.

SIGNATURE: ANA LEURINDA

P

04/28/2010

Electronic Signature of Signing Officer or Director

Date