

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000106886

FILED
May 01, 2009
Secretary of State**Entity Name:** TEMPLE TERRACE FAMILY PHYSICIANS, P.A.**Current Principal Place of Business:**13311 NORTH 56TH STREET
TAMPA, FL 33617**New Principal Place of Business:****Current Mailing Address:**13311 NORTH 56TH STREET
TAMPA, FL 33617**New Mailing Address:****FEI Number:** 06-1650937**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DAVIS, GEORGE R PRES.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US**Name and Address of New Registered Agent:**DAVIS, GEORGE R PRES.
13311 N 56TH ST
TAMPA, FL 33617 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: _____

Electronic Signature of Registered Agent

05/01/2009

Date

OFFICERS AND DIRECTORS:**Title:** DR () Delete
Name: DAVIS, GEORGE R D.O.
Address: 13311 NORTH 56TH STREET
City-St-Zip: TAMPA, FL 33617**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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: GEORGE R DAVIS

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

Date