

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90381 021 ***150.00

DOCUMENT # P03000066742			
1. Entity Name FAMILY MEDICINE SOLUTIONS, P.A.			
Principal Place of Business 515 W. STATE ROAD 434 SUITE 102 LONGWOOD, FL 32750		Mailing Address 515 W. STATE ROAD 434 SUITE 102 LONGWOOD, FL 32750	
2. Principal Place of Business <i>225 N RONALD REAGAN BLVD</i>		3. Mailing Address <i>225 N RONALD REAGAN BLVD</i>	
Suite, Apt. #, etc. <i>STE 101</i>		Suite, Apt. #, etc. <i>STE 101</i>	
City & State <i>LONGWOOD FL</i>		City & State <i>LONGWOOD FL</i>	
Zip <i>32750</i>	Country <i>US</i>	Zip <i>32750</i>	Country <i>US</i>
6. Name and Address of Current Registered Agent RAHAMAN, SULTAN H MD 515 W. STATE ROAD 434 SUITE 102 LONGWOOD, FL 32750		7. Name and Address of New Registered Agent Name <i>SULTAN H RAHAMAN MD</i> Street Address (P.O. Box Number is Not Acceptable) <i>225 N RONALD REAGAN BLVD STE 101</i> City <i>LONGWOOD</i> FL Zip Code <i>32750</i>	
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: <i>[Signature]</i> <i>SULTAN H RAHAMAN MD</i> DATE: <i>4/18/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P RAHAMAN, SULTAN H MD 515 W. STATE ROAD 434 #102 LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <i>SULTAN H RAHAMAN MD</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>225 N RONALD REAGAN BLVD STE 101</i> <i>LONGWOOD FL 32750</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> <i>SULTAN H RAHAMAN</i>		Date: <i>4/18/06</i> Daytime Phone #	

40051420



04082006 Chg-P CR2E034 (11/05)

4. FEI Number 20-0088654 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required