

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000086702

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: NORTHSIDE FAMILY PRACTICE, INC.

## Current Principal Place of Business:

910 LEXINGTON GREEN LN  
SANFORD, FL 32771

## New Principal Place of Business:

## Current Mailing Address:

705 WEST STATE ROAD 434  
SUITE E  
LONGWOOD, FL 32750

## New Mailing Address:

P O BOX 915201  
LONGWOOD, FL 32791

FEI Number: 20-0149017

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STROGIS, ROBERT  
705 W SR 434 STE C  
LONGWOOD, FL 32750 US

## Name and Address of New Registered Agent:

STROGIS, ROBERT  
705 W SR 434 STE E  
LONGWOOD, FL 32750 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:

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: VYAS, SUREE  
Address: 705 W SR 434, STE E  
City-St-Zip: LONGWOOD, FL 32750

## 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 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: SUREE VYAS

DP

04/26/2006

Electronic Signature of Signing Officer or Director

Date