2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State
05-03-2006 90206 008 ***158.75

DOCUMENT # P03000146799

1. Entity Name
WEST MARION FAMILY MEDICINE, P.A.

Principal Place of Business	Mailing Address
4600 SW 46TH CT BLDG 200 STE 160 OCALA FL 34474	1870 ALOMA AVE STE 240 WINTER PARK FL 32789

1st MOORE CR2E034 (10/05)

2. Principal Place of Business		3. Mailing Address	
		4600 SW 46th Ct	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Bldg 200 Ste 160	
City & State		City & State Ocala FL	
Zip	Country	Zip 34474	Country USA

4. FEI Number 03-0534695 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOFMEISTER, FRANK CPA
1870 ALOMA AVE STE 240
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name Michael Rowley MD
Street Address (P.O. Box Number is Not Acceptable) 4600 SW 46th Ct
Bldg 200 Ste 160
City Ocala FL Zip Code 34474

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 [signature] Michael A. Rowley, M.D. 26 APR 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROWLEY, MICHAEL MD		NAME	
STREET ADDRESS	829 SE 36TH LANE		STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34471		CITY-ST-ZIP	
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WALKER, STEPHANIE MD		NAME	
STREET ADDRESS	829 SE 36TH LANE		STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34471		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] secy/treas 4/26/06 (352)873-6044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #