

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000146799

FILED
May 04, 2007
Secretary of State

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

Current Principal Place of Business:

4600 SW 46TH CT BLDG 200 STE 160
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

4600 SW 46TH CT BLDG 200 STE 160
OCALA, FL 34474

New Mailing Address:

FEI Number: 03-0534695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROWLEY, MICHAEL MD
4600 SW 46TH CT
BLDG 200 SUITE 160
OCALA, FL 34474 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 () Delete
Name: ROWLEY, MICHAEL MD
Address: 829 SE 36TH LANE
City-St-Zip: OCALA, FL 34471

Title: ST () Delete
Name: WALKER, STEPHANIE MD
Address: 829 SE 36TH LANE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEPHANIE R WALKER MD

ST

05/04/2007

Electronic Signature of Signing Officer or Director

Date