

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90231 023 ***150.00

DOCUMENT # P03000155050

1. Entity Name
NTC FAMILY MEDICINE, P.A.



Principal Place of Business
**1101 CITRUS TOWER BLVD
CLERMONT, FL 34711**

Mailing Address
**1101 CITRUS TOWER BLVD
CLERMONT, FL 34711**



05012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0608318

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KUMINKA, DEBRA
1101 CITRUS TOWER BLVD.
CLERMONT, FL 34711**

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
RAY, JAMES M M.D.
1101 CITRUS TOWER BLVD
CLERMONT, FL 34711**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
FLORIN, JORGE L M.D.
10000 WEST COLONIAL DRIVE - SUITE 288
OCFEE, FL 34761**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08

Date

352-243-9700

Daytime Phone #