

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000024147

Entity Name: ISLAND FAMILY MEDICINE, INC.

FILED
Apr 23, 2006
Secretary of State

Current Principal Place of Business:

PO BOX 528
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

PO BOX 528
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 32-0106582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWYER, STEVEN
103400 OVERSEAS HWY STE 240
KEY LARGO, FL 33037 US

Name and Address of New Registered Agent:

LAWYER, STEVEN
103400 OVERSEAS HWY
SUITE 241
KEY LARGO, FL 33037 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:

Electronic Signature of Registered Agent

04/23/2006

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LAWYER, STEVEN
Address: 103400 US1, SUITE 240
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LAWYER, STEVEN
Address: 103400 US1, SUITE 241
City-St-Zip: KEY LARGO, FL 33037 US

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: STEVEN L. LAWYER

Electronic Signature of Signing Officer or Director

PRES

04/23/2006

Date