

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000074165

**FILED**  
**Feb 24, 2012**  
**Secretary of State**

**Entity Name:** HOLMES FAMILY PRACTICE, P.A.

**Current Principal Place of Business:**

455 EMERALD AVE  
LAKE WALES, FL 338534716 US

**New Principal Place of Business:**

**Current Mailing Address:**

455 EMERALD AVE  
LAKE WALES, FL 338534716 US

**New Mailing Address:**

**FEI Number:** 33-1110847

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HOLMES, DAVID L  
221 S LAKE HOWARD DR  
WINTER HAVEN, FL 338802831 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HOLMES, DAVID L  
Address: 221 S LAKE HOWARD DR  
City-St-Zip: WINTER HAVEN, FL 338802831 US

I hereby 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 all other like empowered.

SIGNATURE: DAVID L. HOLMES

PRES

02/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date