

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000083538

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

308 KINGSLEY LAKE DRIVE  
802  
ST. AUGUSTINE, FL 32092

**New Principal Place of Business:**

308 KINGSLEY LAKE DRIVE  
SUITE 802  
ST. AUGUSTINE, FL 32092

**Current Mailing Address:**

8730 HUNTERS CREEK DR S  
JACKSONVILLE, FL 32256

**New Mailing Address:**

308 KINGSLEY LAKE DRIVE  
SUITE 802  
ST. AUGUSTINE, FL 32092

FEI Number: 20-1212753

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KALUZA, MALGORZATA  
8730 HUNTERS CREEK DR S  
JACKSONVILLE, FL 32256 US

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

KALUZA, MALGORZATA  
7733 SPINDLETREE CT  
JACKSONVILLE, FL 32256 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

01/11/2010

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P,VP  
Name: KALUZA, MALGORZATA  
Address: 7733 SPINDLETREE CT  
City-St-Zip: JACKSONVILLE, FL 32256

Title: S,T  
Name: KALUZA, PIOTR  
Address: 7733 SPINDLETREE CT  
City-St-Zip: JACKSONVILLE, FL 32256

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: PIOTR KALUZA

Electronic Signature of Signing Officer or Director

S,T

01/11/2010

Date