2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# P04000116584

Entity Name: COMPLETE FAMILY MEDICAL CENTER, P.A.

Current Principal Place of Business:

219 U.S HWY 27 NORTH
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

219 U.S. HWY 27 NORTH
SEBRING, FL 33870

New Mailing Address:

219 U.S HWY 27 NORTH
SEBRING, FL 33870

FEI Number: 20-1705565 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEIBER, MICHAEL L
2141 LAKEVIEW DRIVE
SEBRING, FL 33870 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: PVTS ( ) Delete
Name: PYLE, KENDRA S D.O.
Address: 219 U.S. HWY 27 NORTH
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVTS (X) Change ( ) Addition
Name: HALL, KENDRA S D.O.
Address: 219 U.S. HWY 27 NORTH
City-St-Zip: SEBRING, FL 33870

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: KENDRA S. HALL PVTS 04/21/2008

Electronic Signature of Signing Officer or Director Date