

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000125154

FILED
Apr 24, 2007
Secretary of State

Entity Name: TUSKAWILLA FAMILY MEDICINE, INC.

Current Principal Place of Business:

1056 WILLOW SPRINGS DRIVE
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 915201
LONGWOOD, FL 32791

New Mailing Address:

FEI Number: 20-1627831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STROGIS, ROBERT
705 W. SR 434
SUITE E
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

STROGIS, ROBERT
320 W SABAL PALM PLACE
SUITE 300
LONGWOOD, FL 32779 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: ROBERT STROGIS

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SECY () Delete
Name: STROGIS, ROBERT
Address: 705 W. SR 434, SUITE C
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SECY (X) Change () Addition
Name: STROGIS, ROBERT
Address: 320 W SABAL PLACE, SUITE 300
City-St-Zip: LONGWOOD, FL 32779

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: ROBERT STROGIS

SECY

04/24/2007

Electronic Signature of Signing Officer or Director

Date