2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007
Secretary of State

DOCUMENT# P05000001358

Entity Name: BEACHES FAMILY MEDICINE, PA

Current Principal Place of Business:

P.O.BOX 51595
JACKSONVILLE BCH, FL 322401595

New Principal Place of Business:

340 16TH AVENUE NORTH
JACKSONVILLE BCH, FL 32250

Current Mailing Address:

P.O.BOX 51595
JACKSONVILLE BCH, FL 322401595

New Mailing Address:

FEI Number: 20-2008461 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TANNER, JOHN C
340 16TH AVE N
JACKSONVILLE BCH, FL 322504819 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: DP ( ) Delete
Name: TANNER, JOHN C
Address: P.O.BOX 51595
City-St-Zip: JACKSONVILLE BCH, FL 322401595

Title: DST ( ) Delete
Name: TANNER, MILLICENT H
Address: PO BOX 51595
City-St-Zip: JACKSONVILLE BEACH, FL 322401595

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOHN C. TANNER DP 04/06/2007

Electronic Signature of Signing Officer or Director — Date