

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 09, 2011
Secretary of State

Entity Name: LAKE MARY FAMILY PHYSICIANS P.A.

Current Principal Place of Business:

910 WILLISTON PARK POINT STE 2050
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

910 WILLISTON PARK POINT STE 2050
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 56-2499046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGEE, EDWARD J M.D.
1719 SHADYREST COURT
LAKE MARY, FL 32746 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: DPT
Name: MAGEE, EDWARD J M.D.
Address: 1719 SHADYREST COURT
City-St-Zip: LAKE MARY, FL 32746

Title: DVS
Name: MAGEE, KRISTY JO M.D.
Address: 1719 SHADYREST COURT
City-St-Zip: LAKE MARY, FL 32746

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: EDWARD J MAGEE

DR

06/09/2011

Electronic Signature of Signing Officer or Director

Date