

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90117 003 \*\*\*150.00

<b>DOCUMENT # P05000014669</b> 1. Entity Name <b>HERON SPRINGS FAMILY MEDICINE, INC.</b>					
Principal Place of Business <b>3502 MARINER BLVD.</b> <b>SPRING HILL, FL 34609 US</b>			Mailing Address <b>3502 MARINER BLVD.</b> <b>SPRING HILL, FL 34609 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		03142006 Chg-P CR2E034 (11/05)	
Zip Country		Zip Country		4. FEI Number <b>83-0417430</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>PHAM, KAREN</b> <b>10490 CHALMER STREET</b> <b>APT 7</b> <b>SPRING HILL, FL 34608</b>			7. Name and Address of New Registered Agent Name <b>Karen Pham</b> Street Address (P.O. Box Number is Not Acceptable) <b>3502 Mariner Blvd.</b> City <b>Spring Hill</b> <b>FL</b> Zip Code <b>34609</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BUCKMAN, VINCENT T</b> <b>10490 CHALMER STREET, APT 7</b> <b>SPRING HILL, FL 34608</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Buckman, Vincent T.</b> <b>3502 Mariner Blvd.</b> <b>Spring Hill, FL 34609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PHAM, KAREN</b> <b>10490 CHALMER STREET, APT 7</b> <b>SPRING HILL, FL 34608</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Pham, Karen</b> <b>3502 Mariner Blvd.</b> <b>Spring Hill, FL 34609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			Karen Pham (treasurer) 3/14/06 (352) 684-3320		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		