

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000014669

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** HERON SPRINGS FAMILY MEDICINE, INC.

**Current Principal Place of Business:**

8425 BALM ST  
WEEKI WACHEA, FL 34609 US

**New Principal Place of Business:**

8425 BALM ST  
WEEKI WACHEE, FL 34607 US

**Current Mailing Address:**

8425 BALM ST  
WEEKI WACHEA, FL 34609 US

**New Mailing Address:**

8425 BALM ST  
WEEKI WACHEE, FL 34607 US

**FEI Number:** 83-0417430

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PHAM, KAREN  
8425 BALM ST.  
WEEKI WACHEA, FL 34609 US

**Name and Address of New Registered Agent:**

PHAM, KAREN  
8425 BALM ST.  
WEEKI WACHEE, FL 34607 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: \_\_\_\_\_

04/20/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BUCKMAN, VINCENT T  
Address: 8425 BALM ST.  
City-St-Zip: WEEKI WACHEE, FL 34609 US

Title: T ( ) Delete  
Name: PHAM, KAREN  
Address: 3502 MARINER BLVD  
City-St-Zip: SPRING HILL, FL 34609 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: T (X) Change ( ) Addition  
Name: PHAM, KAREN  
Address: 8425 BALM ST.  
City-St-Zip: WEEKI WACHEE, FL 34607 US

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: VINCENT T BUCKMAN

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date