

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000014669

**FILED**  
**Feb 17, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

8425 BALM ST  
WEEKI WACHEE, FL 34607 US

**New Principal Place of Business:**

**Current Mailing Address:**

8425 BALM ST  
WEEKI WACHEE, FL 34607 US

**New Mailing Address:**

**FEI Number:** 83-0417430

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THE HOGAN LAW FIRM, LLC  
20 SO. BROAD STREET  
BROOKSVILLE, FL 34601 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: DP  
Name: BUCKMAN, VINCENT T  
Address: 8425 BALM ST.  
City-St-Zip: WEEKI WACHEE, FL 34609 US

Title: DST  
Name: PHAM, KAREN  
Address: 8425 BALM ST.  
City-St-Zip: WEEKI WACHEE, FL 34607 US

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: KAREN PHAM

DST

02/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date