2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000081481

Entity Name: FOUNTAIN FAMILY MEDICINE, P.A.

FILED Apr 26, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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11701-32 SAN JOSE BLVD STE 103 JACKSONVILLE, FL 32223

Current Mailing Address: New Mailing Address:

11701-32 SAN JOSE BLVD STE 103 JACKSONVILLE, FL 32223

FEI Number: 20-2946520 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

EVANS, BOYD D JR

2054 RIVERSIDE AVE APT 1302

JACKSONVILLE, FL 32204 US

EVANS, BOYD D JR

1773 BAYSIDE BLVD

JACKSONVILLE, FL 32259

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: 04/26/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

Title: D () Delete Title: D (X) Change () Addition

 Name:
 EVANS, BOYD D JR
 Name:
 EVANS, BOYD D JR

 Address:
 2054 RIVERSIDE AVE APT 1302
 Address:
 1773 BAYSIDE BLVD

 City-St-Zip:
 JACKSONVILLE, FL 32204
 City-St-Zip:
 JACKSONVILLE, FL 32259

Title: D () Delete Title: D (X) Change () Addition

 Name:
 MEINERS, VAUGHN JR
 Name:
 MEINERS, VAUGHN JR

 Address:
 2054 RIVERSIDE AVE APT 1302
 Address:
 1221 BEAUMONT ST

 City-St-Zip:
 JACKSONVILLE, FL 32204
 City-St-Zip:
 JACKSONVILLE, FL 32259

 $\mbox{Title:} \qquad \mbox{D} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{D} \qquad \mbox{(X) Change () Addition}$

 Name:
 MEINERS, REBECCA
 Name:
 MEINERS, REBECCA

 Address:
 2054 RIVERSIDE AVE APT 1302
 Address:
 1221 BEAUMONT ST

 City-St-Zip:
 JACKSONVILLE, FL 32204
 City-St-Zip:
 JACKSONVILLE, FL 32259

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: BOYD D. EVANS, JR D 04/26/2006