

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000081481

FILED
Apr 17, 2009
Secretary of State

Entity Name: FOUNTAIN FAMILY MEDICINE, P.A.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-2946520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, BOYD D JR
1773 BAYSIDE BLVD
JACKSONVILLE, FL 32259 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EVANS, BOYD D JR
Address: 1773 BAYSIDE BLVD
City-St-Zip: JACKSONVILLE, FL 32259

Title: D () Delete
Name: MEINERS, VAUGHN JR
Address: 1221 BEAUMONT ST
City-St-Zip: JACKSONVILLE, FL 32259

Title: D () Delete
Name: MEINERS, REBECCA
Address: 1221 BEAUMONT ST
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: BOYD EVANS

MD

04/17/2009

Electronic Signature of Signing Officer or Director

Date