

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000120015

FILED
Mar 08, 2010
Secretary of State

Entity Name: COMMUNITY PHYSICIANS OF NORTH PORT, P.A.

Current Principal Place of Business:

15131 TAMIAMI TRAIL
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

15131 TAMIAMI TRAIL
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 20-3387275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASI, JUAN M MD
15131 TAMIAMI TRAIL
NORTH PORT, FL 34287 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: P
Name: MASI, JUAN M
Address: 7005 SADDLE CREEK CIRCLE
City-St-Zip: SARASOTA, FL 34241

Title: S,T
Name: MELEKS, LARISA
Address: 419 MONZA AVENUE
City-St-Zip: NORTH PORT, FL 34287

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: JUAN M MASI, MD

PRES

03/08/2010

Electronic Signature of Signing Officer or Director

Date