2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2011
Secretary of State

DOCUMENT# P05000120015

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

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, M.D. PRES 03/25/2011

Electronic Signature of Signing Officer or Director Date