


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90047 009 ***158.75

DOCUMENT # P06000054872

1. Entity Name
 DELAND FAMILY MEDICINE, P.A.



Principal Place of Business
 1450 S. WOODLAND BLVD.
 SUITE 300-C
 DELAND, FL 32720 US

Mailing Address
 347 W. WISCONSIN AVE
 DELAND, FL 32720 US

40096556



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04292007 Chg-P CR2E034 (12/06)

City & State

4. FEI Number
 20-4710427

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ESKEW, MELANIE
 347 W. WISCONSIN AVE
 DELAND, FL 32720

7. Name and Address of New Registered Agent
 Name Melanie VanDemark
 Street Address (P.O. Box Number is Not Acceptable)
347 W. Wisconsin Ave
 City Deland FL Zip Code 32720

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE M VanDemark owner, PVST DATE 4/27/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ESKEW, MELANIE 347 W. WISCONSIN AVE DELAND, FL 32720 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/V/T/S/D Melanie vanDemark 347 W. Wisconsin Ave Deland, FL 32720 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESKEW, MELANIE 347 W. WISCONSIN AVE DELAND, FL 32720 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M VanDemark PVST Melanie VanDemark DATE 4/27/07 DAYTIME PHONE # 386-740-1701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #