

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000054872

FILED  
Apr 29, 2010  
Secretary of State

Entity Name: DELAND FAMILY MEDICINE, P.A.

**Current Principal Place of Business:**

1450 S. WOODLAND BLVD.  
SUITE 300-C  
DELAND, FL 32720 US

**New Principal Place of Business:**

**Current Mailing Address:**

347 W. WISCONSIN AVE  
DELAND, FL 32720 US

**New Mailing Address:**

1450 S. WOODLAND BLVD.  
SUITE 300-C  
DELAND, FL 32720 US

FEI Number: 20-4710427

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VANDEMARK, MELANIE R PVST  
347 W. WISCONSIN AVE  
DELAND, FL 32720 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: PVST  
Name: VANDEMARK, MELANIE  
Address: 347 W. WISCONSIN AVE  
City-St-Zip: DELAND, FL 32720 US

Title: D  
Name: VANDENMARK, MELANIE  
Address: 347 W. WISCONSIN AVE  
City-St-Zip: DELAND, FL 32720 US

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: MELANIE VANDEMARK

PSVT

04/29/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date