

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 09, 2011
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:

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

New Mailing Address:

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

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

03/09/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date