

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000118414

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: WEST MARION FAMILY PRACTICE P A

## Current Principal Place of Business:

8296 SW 103RD STREET ROAD UNIT 1  
OCALA, FL 34476

## New Principal Place of Business:

8296 SW 103RD STREET ROAD  
UNIT 1  
OCALA, FL 34481 US

## Current Mailing Address:

8296 SW 103RD STREET ROAD UNIT 1  
OCALA, FL 34476

## New Mailing Address:

8296 SW 103RD STREET ROAD  
UNIT 1  
OCALA, FL 34481 US

FEI Number: 20-5528227

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LARA, CARLOS E  
8296 SW 103RD STREET ROAD UNIT 1  
OCALA, FL 34476 US

## Name and Address of New Registered Agent:

LARA, CARLOS E  
8296 SW 103RD STREET ROAD UNIT 1  
OCALA, FL 34481 US

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:

03/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LARA, CARLOS E  
Address: 8296 SW 103RD STREET ROAD UNIT 1  
City-St-Zip: OCALA, FL 34476

Title: D (X) Delete  
Name: NAKAMURA, MARIA G  
Address: 8296 SW 103RD STREET ROAD UNIT 1  
City-St-Zip: OCALA, FL 34476

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: LARA, CARLOS E  
Address: 8296 SW 103RD STREET ROAD UNIT 1  
City-St-Zip: OCALA, FL 34481

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CARLOS E. LARA

D

03/26/2009

Electronic Signature of Signing Officer or Director

Date