

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90026 041 ***150.00

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|--|--|---|---|---|--|
| DOCUMENT # P06000119395 1. Entity Name SURF SIDE FAMILY PRACTICE, INC. | | | | | |
| Principal Place of Business 4155 N. COURTENAY PARKWAY MERRITT ISLAND, FL 32953 | | | Mailing Address 4155 N. COURTENAY PARKWAY MERRITT ISLAND, FL 32953 | | |
| 2. Principal Place of Business - No P.O. Box # 3000 N. Atlantic Ave Suite, Apt. #, etc. Suite 108 | | 3. Mailing Address 4017 Shuttle Court Suite, Apt. #, etc. 0 | | | |
| City & State Cocoa Beach, FL | | City & State Merritt Island, FL | | 4. FEI Number 20-5557880 | |
| Zip 32931 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BISCONTINI, JEAN M 4017 SHUTTLE COURT MERRITT ISLAND, FL 32953 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P BISCONTINI, SERENA L 3301 BISCAYNE BLVD. MERRITT ISLAND, FL 32953 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP EARLE, HARRY A 308 KING NEPTUNE LANE CAPE CANAVERAL, FL 32920 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP LINK, LORI L 308 NEPTUNE LANE CAPE CANAVERAL, FL 32920 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC BISCONTINI, JEAN M 4017 SHUTTLE COURT MERRITT ISLAND, FL 32953 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRES BISCONTINI, JEAN M 4017 SHUTTLE COURT MERRITT ISLAND, FL 32953 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <u>JEAN M. BISCONTINI</u> <u>2-21-07</u> <u>321-799-2554</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |