

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000149934

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** ORANGE PARK ADULT MEDICINE, INC

**Current Principal Place of Business:**

1543 KINGSLEY AVE STE. 1  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

1543 KINGSLEY AVE, STE. 1  
ORANGE PARK, FL 32073

**New Mailing Address:**

**FEI Number:** 90-0296897

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHILDS, GENOLA  
1543 KINGLSEY AVE, STE. 1  
ORANGE PARK, FL 32073 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: CEO  
Name: CHILDS, GENOLA  
Address: 2107 GAMMA CT  
City-St-Zip: ORANGE PARK, FL 32073

Title: D  
Name: CHILDS, EDDIE R SR  
Address: 2107 GAMMA CT  
City-St-Zip: ORANGE PARK, FL 32073

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: LOWELL M GOODE

CPA

02/18/2011

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

\_\_\_\_\_  
Date