

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90050 012 ***158.75

DOCUMENT # P07000038413 1. Entity Name FAMILY TREE MEDICAL CARE, P.A.					
Principal Place of Business 17813 ARBOR CREEK DR. TAMPA, FL 33647			Mailing Address 17813 ARBOR CREEK DR. TAMPA, FL 33647		
2. Principal Place of Business - No P.O. Box # 2312 CRESIDOVER L.H.		3. Mailing Address <i>Same as business address</i>			
Suite, Apt. #, etc. SUITE 102.		Suite, Apt. #, etc. 		02282008 Chg-P CR2E034 (12/06)	
City & State WESLEY CHAPEL, FL		City & State 		4. FEI Number 352292191	
Zip 33544		Country USA.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALTOO, CATHERINE U 17813 ARBOR CREEK DR. TAMPA, FL 33647				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 <i>Catherine Paltoo</i> DATE 3/4/08 <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, 2008 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	D PALTOO, CATHERINE U 17813 ARBOR CREEK DR. TAMPA, FL 33647	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PALTOO, RAYMOND M 17813 ARBOR CREEK DR. TAMPA, FL 33647	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PALTOO, LINDA C 17813 ARBOR CREEK DR. TAMPA, FL 33647	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <i>Catherine Paltoo</i>		3/4/08		813-991-7320	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

ATTACHMENT 40061115

#PO7000038413

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FAMILY TREE MEDICAL CARE, P.A.
2. The principal office address: 2312 CRESTOVER LN. SUITE 102.
WESLEY CHAPEL FL 33544
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/06/2007. Document number: PO7000038413.
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

FAMILY TREE MEDICAL CARE, P.A.17813 ARBOR CREEK DR.TAMPA, FL 33647

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

FAMILY TREE MEDICAL CARE, P.A.2312 CRESTOVER LN. SUITE 102

(P.O. Box NOT acceptable)

WESLEY CHAPEL FL 33544

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Catherine Paltoo MD
(Signature of an officer or director)

Catherine Paltoo, MD
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Catherine Paltoo MD
(Signature of Registered Agent)

3/4/08
(Date)

If signing on behalf of an entity:

Catherine Paltoo, MD
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)