

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000059797

FILED  
Apr 04, 2012  
Secretary of State

**Entity Name:** ST. ANTHONY'S FAMILY MEDICAL PRACTICE, M.D., P.A.

**Current Principal Place of Business:**

1320 N. MAIN STREET  
SUITE A  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

1584 CITRUS MEDICAL CT  
OCOOEE, FL 34761

**Current Mailing Address:**

1320 N. MAIN STREET  
SUITE A  
KISSIMMEE, FL 34744

**New Mailing Address:**

1584 CITRUS MEDICAL CT  
OCOOEE, FL 34761

**FEI Number:** 26-0231679

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALATRISTE, ANTHONY  
8366 TIBET BUTLER DRIVE  
WINDERMERE, FL 34786 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: P  
Name: ALATRISTE, ANTHONY  
Address: 8366 TIBET BUTLER DR  
City-St-Zip: WINDERMERE, FL 34786

Title: VP  
Name: JIMENEZ, MILDRED  
Address: 8366 TIBET BUTLER DR  
City-St-Zip: WINDERMERE, FL 34786

Title: S  
Name: ALATRISTE, JONATHAN  
Address: 8366 TIBET BUTLER DR  
City-St-Zip: WINDERMERE, FL 34786

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: ANTHONY ALATRISTE

P

04/04/2012

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

\_\_\_\_\_  
Date