

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000072642

FILED
Jun 18, 2009
Secretary of State

Entity Name: FAMILY FIRST PRIMARY CARE, PA

Current Principal Place of Business:

1075 OAKLEAF PLANTATION PARKWAY
SUITE 108
ORANGE PARK, FL 32065

New Principal Place of Business:

Current Mailing Address:

1075 OAKLEAF PLANTATION PARKWAY
SUITE 108
ORANGE PARK, FL 32065

New Mailing Address:

FEI Number: 26-0401675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRINGTON, TERESA CPA
358 STILES AVENUE
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

DASTA, JOHN G.M.
1075 OAKLEAF PLANTATION PARKWAY
SUITE 108
ORANGE PARK, FL 32065 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: JOHN A. DASTA-GEN. MGR.

06/18/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BUTLER, ALLISON DR.
Address: 5602 SILKWOOD LANE
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ALLISON D. BUTLER, MD

PRES

06/18/2009

Electronic Signature of Signing Officer or Director

Date