

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000090525

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** ACCESS PRONTO FAMILY MEDICINE, P.A.

**Current Principal Place of Business:**

2918 17TH ST.  
SAINT CLOUD, FL 34769

**New Principal Place of Business:**

2301 13TH ST  
SAINT CLOUD, FL 34769

**Current Mailing Address:**

1167 SUNLIGHT COURT  
SAINT CLOUD, FL 34769

**New Mailing Address:**

2301 13TH ST  
SAINT CLOUD, FL 34769

**FEI Number:** 26-0707461

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NGUYEN, HANSON V  
2918 17TH ST  
SAINT CLOUD, FL 34769 US

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

NGUYEN, HANSON V  
2301 13TH ST  
SAINT CLOUD, FL 34769 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:

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DIR  
Name: NGUYEN, HANSON  
Address: 1642 PINE RIDGE DRIVE  
City-St-Zip: DAVENPORT, FL 33896

Title: PRES  
Name: NGUYEN, HANSON  
Address: 1642 PINE RIDGE DRIVE  
City-St-Zip: DAVENPORT, FL 33896

Title: TREA  
Name: NGUYEN, HANSON  
Address: 1167 SUNLIGHT COURT  
City-St-Zip: SAINT CLOUD, FL 34769

Title: SECR  
Name: NGUYEN, HANSON  
Address: 1167 SUNLIGHT COURT  
City-St-Zip: SAINT CLOUD, FL 34769

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: HANSON NGUYEN

MGR

04/29/2011

Electronic Signature of Signing Officer or Director

Date