2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 03, 2008
Secretary of State

DOCUMENT# P07000133978

Entity Name: FIRST FAMILY PRACTICE, INC.

Current Principal Place of Business:

325 NORTH COMMONWEALTH AVENUE
POLK CITY, FL 33868 US

New Principal Place of Business:

320 1ST ST S
200
WINTER HAVEN, FL 33880 US

Current Mailing Address:

325 NORTH COMMONWEALTH AVENUE
POLK CITY, FL 33868 US

New Mailing Address:

320 1ST ST S
200
WINTER HAVEN, FL 33880 US

FEI Number: 26-1610821 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOUISVILLE, TOMMY L
235 NORTH COMMONWEALTH AVENUE
POLK CITY, FL 33868 US

Name and Address of New Registered Agent:

LOUISVILLE, TOMMY L
320 1ST ST S
200
WINTER HAVEN, FL 33880 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: TOMMY L. LOUISVILLE, M.D. 11/03/2008
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: PSTD ( ) Delete
Name: LOUISVILLE, TOMMY L
Address: 221 OLD SPANISH WAY
City-St-Zip: WINTER HAVEN, FL 33884 US

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: TOMMY L LOUISVILLE MD PRES 11/03/2008
Electronic Signature of Signing Officer or Director Date