

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000135407

FILED
Apr 15, 2011
Secretary of State

Entity Name: PALADIN FAMILY PRACTICE, P.A.

Current Principal Place of Business:

330 SOUTH LINE AVENUE
INVERNESS, FL 34452

New Principal Place of Business:

Current Mailing Address:

330 SOUTH LINE AVENUE
INVERNESS, FL 34452

New Mailing Address:

FEI Number: 26-1628760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLABY, BRIAN MD
330 SOUTH LINE AVE
INVERNESS, FL 34452 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: DR
Name: SLABY, BRIAN MD
Address: 330 SOUTH LINE AVENUE
City-St-Zip: INVERNESS, FL 34452

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: BRIAN SLABY MD

DR

04/15/2011

Electronic Signature of Signing Officer or Director

Date