

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000004232

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** HOOVER FAMILY MEDICINE, P.A.

**Current Principal Place of Business:**

7371 SW 24TH ST.  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

7371 SW 24TH ST.  
MIAMI, FL 33155

**New Mailing Address:**

**FEI Number:** 26-1807699

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOOVER, KEILA MD  
7371 SW 24TH STREET  
MIAMI, FL 33155 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: HOOVER, KEILA MD  
Address: 7371 SW 24TH STREET  
City-St-Zip: MIAMI, FL 33155

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: KEILA HOOVER

MD

04/12/2012

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

\_\_\_\_\_ Date