2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P08000047593

Entity Name: TROPICAL FAMILY MEDICINE ASSOCIATES, P.A.

Current Principal Place of Business:

2002 DEL PRADO BLVD
SUITE # 102
CAPE CORAL, FL 33990 US

New Principal Place of Business:

Current Mailing Address:

2801 SW 25TH AVE
CAPE CORAL, FL 33914 US

New Mailing Address:

P.O. BOX 151517
CAPE CORAL, FL 33915 US

FEI Number: 26-2596991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SEWELL, ERICA A
2801 SW 25TH AVE
CAPE CORAL, FL 33914 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SEWELL, ERICA A
Address: 2801 SW 25TH AVE
City-St-Zip: CAPE CORAL, FL 33914 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: ERICA SEWELL P 04/16/2009

Electronic Signature of Signing Officer or Director Date