

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000088109

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** MEDICAL PARTNERS OF AMERICA, INC.

**Current Principal Place of Business:**

90 FORT WADE ROAD  
PONTE VEDRA, FL 32081

**New Principal Place of Business:**

**Current Mailing Address:**

90 FORT WADE ROAD  
PONTE VEDRA, FL 32081

**New Mailing Address:**

**FEI Number:** 80-0267008

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLEMENTS, FALLON  
90 FORT WADE ROAD  
PONTE VEDRA, FL 32081 US

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

GORMAN, FALLON  
90 FORT WADE ROAD  
PONTE VEDRA, FL 32081 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: FALLON GORMAN

01/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WILLICH, TED  
Address: 90 FORT WADE ROAD  
City-St-Zip: PONTE VEDRA, FL 32081

Title: T  
Name: CLEMENTS, FALLON  
Address: 90 FORT WADE ROAD  
City-St-Zip: PONTE VEDRA, FL 32081

Title: S  
Name: ROLLINS, LAURA  
Address: 90 FORT WADE ROAD  
City-St-Zip: PONTE VEDRA, FL 32081

Title: D  
Name: WILLICH, RICHARD  
Address: 90 FORT WADE ROAD  
City-St-Zip: PONTE VEDRA, FL 32081

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: FALLON GORMAN

T

01/06/2011

Electronic Signature of Signing Officer or Director

Date