

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000099862

FILED
Aug 28, 2009
Secretary of State

Entity Name: ROUEL LINDA MD FAMILY PRACTICE, INC.

Current Principal Place of Business:

3426 NW 43RD ST. STE B
GAINESVILLE, FL 32606 US

New Principal Place of Business:

Current Mailing Address:

6808 SW 90TH ST.
GAINESVILLE, FL 32608 US

New Mailing Address:

FEI Number: 26-3683224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST.
SUITE 500
ORLANDO, FL 32804 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

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: PST () Delete
Name: ROUEL MD, LINDA
Address: 205 SW 75TH STREET
City-St-Zip: GAINESVILL, FL 32607 US

Title: V () Delete
Name: ROUEL MD, WADI
Address: 205 SW 75TH STREET
City-St-Zip: GAINESVILLE, FL 32607 US

Title: D () Delete
Name: ROUEL MD, LINDA
Address: 205 SW 75TH STREET
City-St-Zip: GAINESVILLE, FL 32607 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: ROUEL MD, LINDA
Address: 6808 SW 90TH STREET
City-St-Zip: GAINESVILLE, FL 32608 US

Title: V (X) Change () Addition
Name: ROUEL MD, WADI
Address: 6808 SW 90TH STREET
City-St-Zip: GAINESVILLE, FL 32608 US

Title: D (X) Change () Addition
Name: ROUEL MD, LINDA
Address: 6808 SW 90TH STREET
City-St-Zip: GAINESVILLE, FL 32608 US

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: LINDA ROUEL MD

PST

08/28/2009

Electronic Signature of Signing Officer or Director

Date