2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2010
Secretary of State

DOCUMENT# P08000099862

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:

LINDA Y ROUEL
6808 SW 90TH STREET
GAINESVILLE, FL 32608 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: LINDA Y ROUEL 03/04/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

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

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: LINDA Y ROUEL PST 03/04/2010
Electronic Signature of Signing Officer or Director Date