

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000099862

**FILED**  
**Jan 14, 2011**  
**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:**

LINDA Y ROUEL  
6808 SW 90TH STREET  
GAINESVILLE, FL 32608 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: 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 ROUEL

PST

01/14/2011

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

\_\_\_\_\_  
Date