

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000005919

**FILED**  
**May 16, 2011**  
**Secretary of State**

**Entity Name:** CENTER FOR FAMILY MEDICINE CORP.

**Current Principal Place of Business:**

10210 NICARAGUA DRIVE  
CUTLER RIDGE, FL 33189

**New Principal Place of Business:**

**Current Mailing Address:**

10210 NICARAGUA DRIVE  
CUTLER RIDGE, FL 33189

**New Mailing Address:**

**FEI Number:** 26-4083978

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LORITES, YANELIS  
10210 NICARAGUA DRIVE  
CUTLER RIDGE, FL 33189 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: PV  
Name: LORITES, YANELIS  
Address: 10210 NICARAGUA DRIVE  
City-St-Zip: CUTLER RIDGE, FL 33189

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: YANELIS LORITES

MSS

05/16/2011

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

\_\_\_\_\_  
Date