

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000050652

FILED
Mar 03, 2011
Secretary of State

Entity Name: OAKS FAMILY PRACTICE, P.A.

Current Principal Place of Business:

8620 SOUTH TAMIAMI TRAIL
N-P
SARASOTA, FL 34238

New Principal Place of Business:

Current Mailing Address:

8620 SOUTH TAMIAMI TRAIL
N-P
SARASOTA, FL 34238

New Mailing Address:

FEI Number: 27-0341630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIANNINI, ALESSANDRO DR.
8620 SOUTH TAMIAMI TRAIL
SUITE N-P
SARASOTA, FL 34238 US

Name and Address of New Registered Agent:

GIANNINI, ALESSANDRO A DR.
8620 SOUTH TAMIAMI TRAIL
SUITE N-P
SARASOTA, FL 34238 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: ALESSANDRO A. GIANNINI

03/03/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: GIANNINI, ALESSANDRO DR.
Address: 8620 SOUTH TAMIAMI TRAIL, SUITE N-P
City-St-Zip: SARASOTA, FL 34238

Title: VP
Name: NESTOR, ALBERT A DO
Address: 8620 SOUTH TAMIAMI TRAIL STE F-G
City-St-Zip: SARASOTA, FL 34238

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: DR. ALESSANDRO A. GIANNINI

P

03/03/2011

Electronic Signature of Signing Officer or Director

Date