2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000043100

Entity Name: FAMILY PHYSICIANS ASSOCIATES, INC

FILED Apr 12, 2011 Secretary of State

Current Principal Place of Business:	New Principal Place o	New Principal Place of Business:	
1504 BAY ROAD APT 427 MIAMIBEACH, FL 33139	4308 ALTON RD SUITE 420 MIAMIBEACH, FL 33140		
Current Mailing Address:	New Mailing Address:		
1504 BAY ROAD APT 427 MIAMIBEACH, FL 33139			
FEI Number: 27-2619389 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
GADEA, LIVIA M 1504 BAY ROAD APT 427 MIAMI BEACH, FL 33139 US			
The above named entity submits this statement for the purpin the State of Florida.	oose of changing its registered	office or registered agent, or both,	
SIGNATURE:			
Electronic Signature of Registered Agent		Date	

OFFICERS AND DIRECTORS:

Title:

Name: GADEA, LIVIA C MD Address: 1504 BAY ROAD APT 427 City-St-Zip: MIAMI BEACH, FL 33139

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: LIVIA C GADEA MD 04/12/2011