2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2011
Secretary of State

DOCUMENT# P10000057357

Entity Name: DOCTORS PRACTICE MANAGEMENT CORP.

Current Principal Place of Business:

3300 SE 22ND AVENUE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

3300 SE 22ND AVENUE
OCALA, FL 34471

New Mailing Address:

FEI Number: 27-3043076 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALPERS, ADAM
3300 SE 22ND AVENUE
OCALA, FL 34471 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: DO
Name: ALPERS, ADAM
Address: 3300 SE 22ND AVENUE
City-St-Zip: OCALA, FL 34471

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: ADAM L. ALPERS PRES 01/10/2011
Electronic Signature of Signing Officer or Director Date