

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000095898

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** RELIANT FAMILY PRACTICE, PA

**Current Principal Place of Business:**

4881 NW 8TH AVENUE  
GAINESVILLE, FL 32605 US

**New Principal Place of Business:**

4408 NW 36TH AVE  
GAINESVILLE, FL 32606 US

**Current Mailing Address:**

4881 NW 8TH AVENUE  
GAINESVILLE, FL 32605 US

**New Mailing Address:**

4408 NW 36TH AVE  
GAINESVILLE, FL 32606 US

**FEI Number:** 27-4026358

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SCHABERT, ERIK  
7115 NW 14TH AVENUE  
GAINESVILLE, FL 32605 US

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

SCHABERT, ERIK M D.O  
7115 NW 14TH AVENUE  
GAINESVILLE, FL 32605 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:** ERIK M. SCHABERT D.O

04/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SCHABERT, ERIK M D.O  
**Address:** 7115 NW 14TH AVENUE  
**City-St-Zip:** GAINESVILLE, FL 32605 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:** ERIK M. SCHABERT

D.O

04/22/2011

Electronic Signature of Signing Officer or Director

Date