


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90125 012 \*\*\*150.00

DOCUMENT # P92000002316  
1. Entity Name  
The Springs Family Medical Center, P.A



**DO NOT WRITE IN THIS SPACE**

**60012868**

2. Principal Place of Business  
The Springs Family Medical Center  
State, Apt. #, etc.  
10200 Yale Ave

3. Mailing Address  
10200 Yale Ave  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Spring Hill FL

City & State  
Spring Hill, FL

4. FEI Number  
593149854

Applied For  
 No, Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Zip  
34613 Country  
HERNANDO

Zip  
34613 Country  
Hernando

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Alan GASSMAN

Street Address  
1212 COURT STREET

Suite B

Clearwater, FL FL 34616

8. 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. I am familiar with and accept the obligations of registered agent.

SIGNATURE

Signature (Type or print name of registered agent and date) (Type or print name of filer)

NOTE: Registered firm signature required when filing

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY-STATE-ZIP	15. TITLE	16. NAME	17. STREET ADDRESS	18. CITY-STATE-ZIP
	<u>MARK A. Denner</u>	<u>9641 Tookshore Dr.</u>	<u>Weeki wachee, FL 34613</u>		<u>D.</u>		
	<u>Miller David R</u>	<u>4860. S. Prices. Ct.</u>	<u>HOMOSASSA, FL 34448</u>		<u>D</u>		

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other I-ke employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

REGISTERED FIRM

1/31/07

CR2E034B (12/02)