

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000064347

FILED
Apr 20, 2008
Secretary of State

Entity Name: MANATEE FAMILY MEDICINE, P.A.

Current Principal Place of Business:

608 51ST ST. NW
BRADENTON, FL 34209

New Principal Place of Business:

Current Mailing Address:

608 51ST ST. NW
BRADENTON, FL 34209

New Mailing Address:

FEI Number: 65-0447748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

URRUTIA, LUIS A M.D.
608 51ST ST. NW
BRADENTON, FL 34209 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

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: URRUTIA, LUIS A
Address: 608 51ST ST. NW
City-St-Zip: BRADENTON, FL 34209

Title: VP () Delete
Name: URRUTIA, SUSANS
Address: 608 51ST ST. NW
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: URRUTIA, LUIS A MD
Address: 608 51ST ST. NW
City-St-Zip: BRADENTON, FL 34209

Title: VP (X) Change () Addition
Name: URRUTIA, SUSAN S
Address: 608 51ST ST. NW
City-St-Zip: BRADENTON, FL 34209

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LUIS A. URRUTIA, M.D.

P

04/20/2008

Electronic Signature of Signing Officer or Director

Date