

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90013 021 \*\*\*150.00

DOCUMENT # P94000001202

1. Entity Name

FAMILY PHYSICIANS OF HUNTERS CREEK, P.A.



Principal Place of Business

14075 TOWN LOOP BLVD.  
ORLANDO FL 32837

Mailing Address

6320 OLD WINTER GARDEN RD  
ORLANDO FL 32835



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

6416 Old Winter Garden Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

Orlando, Florida

4. FEI Number

59-3219853

Applied For

Not Applicable

Zip

Country

Zip

Country

32835

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CORP DIRECT AGENTS, INC.~~  
~~516 EAST PARK AVENUE~~  
~~TALLAHASSEE FL 32301~~

Name

Robert L. Harding

Street Address (P.O. Box Number is Not Acceptable)

20 N. Eola Dr.

City

Orlando

FL

Zip Code

32801

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, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

2/28/08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	VYAS, INDRAJIT C	
STREET ADDRESS	6320 OLD WINTER GARDEN RD	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Indrajit Vyas

INDRAJIT VYAS

2/18/08

407.293.2930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FLORIDA DEPARTMENT OF STATE  
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No Events

No Name History

Entity Name Search

**Detail by Entity Name****Florida Profit Corporation**

FAMILY PHYSICIANS OF HUNTERS CREEK, P.A.

**Filing Information**

Document Number P94000001202

FEI Number 593219853

Date Filed 01/05/1994

State FL

Status ACTIVE

**Principal Address**14075 TOWN LOOP BLVD.  
ORLANDO FL 32837

Changed 09/14/2005

60 270-01-11

**Mailing Address**6320 OLD WINTER GARDEN RD  
ORLANDO FL 32835

Changed 03/24/2006

**Registered Agent Name & Address**CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE FL 32301 US

Name Changed: 12/28/2007

Address Changed: 12/28/2007

**Officer/Director Detail****Name & Address**

Title PD

VYAS, INDRAJIT C  
6320 OLD WINTER GARDEN RD  
ORLANDO FL 32835**Annual Reports**

Report Year Filed Date

2005 03/10/2005