

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000050991

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: LAKE MARY FAMILY MEDICINE, INC.

**Current Principal Place of Business:**

109 TIMBERLACHEN CIRCLE  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 915201  
LONGWOOD, FL 32791 US

**New Mailing Address:**

FEI Number: 59-3253829

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBERT STROGIS  
320 W SABAL PALM PLACE  
SUITE 300  
LONGWOOD, FL 32779 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 ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: VYAS, SUREE  
Address: 320 W SABAL PALM PLACE, SUITE 300  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SUREE VYAS

D

04/25/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date