


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90170 050 ***150.00

DOCUMENT # P94000077822	
1. Entity Name FLORIDA SPORTS AND FAMILY HEALTH CENTER, P.A.	

Principal Place of Business 309 WEST BASS STREET KISSIMMEE, FL 34741 US	Mailing Address 309 WEST BASS STREET KISSIMMEE, FL 34741 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40080100



04182007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent MARCHENA AND GRAHAM, P.A. 233 S. SAMORAN BLVD. ORLANDO, FL 32807	
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7. Name and Address of New Registered Agent	
Name Raul Socarras, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 4767 New Broad Street	
City Orlando	FL Zip Code 32814

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 Raul Socarras <small>Signature, typed or printed name of registered agent and title if applicable.</small>	President <small>(NOTE: Registered Agent signature required when reinstating)</small>
	4-23-07 <small>DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D TORRES, JOSEPH L 309 WEST BASS STREET KISSIMMEE, FL 34741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Joseph L. Torres <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/18/07 <small>Date</small>
	<small>Daytime Phone #</small>