

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000077822

**FILED**  
**Aug 05, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA SPORTS AND FAMILY HEALTH CENTER, P.A.

**Current Principal Place of Business:**

309 WEST BASS STREET  
KISSIMMEE, FL 34741 US

**New Principal Place of Business:**

**Current Mailing Address:**

309 WEST BASS STREET  
KISSIMMEE, FL 34741 US

**New Mailing Address:**

**FEI Number:** 59-3275101

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOCARROS, RAUL PA  
3708 SOUTH CONWAY ROAD  
ORLANDO, FL 32812 US

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

SOCARRAS, RAUL PA  
3708 SOUTH CONWAY ROAD  
ORLANDO, FL 32812 US

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:** RAUL SOCARRAS

08/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** TORRES, JOSEPH L  
**Address:** 309 WEST BASS STREET  
**City-St-Zip:** KISSIMMEE, FL 34741

I hereby 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 all other like empowered.

**SIGNATURE:** JOSEPH L TORRES MD

DR

08/05/2011

Electronic Signature of Signing Officer or Director

Date