

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000069404

FILED  
Jan 15, 2007  
Secretary of State

**Entity Name:** FLORIDA INSTITUTE OF FAMILY MEDICINE, P.A.

**Current Principal Place of Business:**

1100 62ND AVENUE SOUTH  
ST. PETERSBURG, FL 33705

**New Principal Place of Business:**

**Current Mailing Address:**

1100 62ND AVENUE SOUTH  
ST. PETERSBURG, FL 33705

**New Mailing Address:**

**FEI Number:** 59-3461148

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NORSTEIN, MARK B  
1100 62ND AVENUE SOUTH  
ST. PETERSBURG, FL 33705 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: PS ( ) Delete  
Name: NORSTEIN, MARK B  
Address: 1100 62ND AVENUE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: V ( ) Delete  
Name: MITCELL, GREGORY  
Address: 4951 34TH ST S  
City-St-Zip: ST PETE, FL 33711

Title: T ( ) Delete  
Name: PRAWER, JOEL  
Address: 4951 34TH ST S  
City-St-Zip: ST PETE, FL 33711

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

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

Title: V (X) Change ( ) Addition  
Name: MITCHELL, GREGORY  
Address: 4951 34TH ST S  
City-St-Zip: ST PETE, FL 33711

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

I hereby certify that the information supplied with this filing does not qualify for the 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:** MARK B. NORSTEIN

PS

01/15/2007

Electronic Signature of Signing Officer or Director

Date