

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000087717

**FILED**  
**Mar 12, 2012**  
**Secretary of State**

**Entity Name:** OAK TREE FAMILY PRACTICE, P.A.

**Current Principal Place of Business:**

90 CYPRESS WAY E  
SUITE 10  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

90 CYPRESS WAY E  
SUITE 10  
NAPLES, FL 34110

**New Mailing Address:**

**FEI Number:** 65-0786859

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROMERO, JACQUELINE  
90 CYPRESS WAY EAST #10  
NAPLES, FL 34110 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

**OFFICERS AND DIRECTORS:**

**Title:** DR  
**Name:** ROMERO, JACQUELINE  
**Address:** 90 CYPRESS WAY EAST #10  
**City-St-Zip:** NAPLES, FL 34110

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:** JACQUELINE ROMERO

DO

03/12/2012

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

\_\_\_\_\_  
Date