2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2010
Secretary of State

DOCUMENT# P98000010080

Entity Name: FAMILY PRACTICE CENTER OF PLANT CITY, P.A.

Current Principal Place of Business:

507 W ALEXANDER ST
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

507 W ALEXANDER ST
PLANT CITY, FL 33566

New Mailing Address:

507 W ALEXANDER ST
PLANT CITY, FL 33563

FEI Number: 59-3491418 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUTOWSKI, GREGG W MD
507 W. ALEXANDER ST.
PLANT CITY, FL 33566 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
Name: GUTOWSKI, GREGG W MD
Address: 507 W ALEXANDER ST
City-St-Zip: PLANT CITY, FL 33563

Title: D
Name: SARANKO, A J MD
Address: 507 W ALEXANDER ST
City-St-Zip: PLANT CITY, FL 33563

Title: O
Name: BASKIN, ROBERT N M.D.
Address: 507 W. ALEXANDER ST.
City-St-Zip: PLANT CITY, FL 33563

Title: O
Name: FORD, MARK M.D.
Address: 507 W. ALEXANDER ST.
City-St-Zip: PLANT CITY, FL 33563

Title: D
Name: KORTE, BRIAN J
Address: 507 W ALEXANDER ST
City-St-Zip: PLANT CITY, FL 33563

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: GREGG W. GUTOWSKI, M,D, D 02/18/2010

Electronic Signature of Signing Officer or Director Date