

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90003 050 \*\*\*158.75



**DOCUMENT # P98000011503**  
 1. Entity Name  
**FAMILY MEDICAL CENTERS OF TAMPA BAY, P.A.**

Principal Place of Business 15511 N. FLORIDA AVENUE SUITE 401 TAMPA, FL 33613	Mailing Address 15511 N. FLORIDA AVENUE SUITE D TAMPA, FL 33613
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02112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3490518	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

IEZZI, ALAN J M.D.  
 15511 N. FLORIDA AVENUE  
 SUITE D  
 TAMPA, FL 33613

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IEZZI, ALAN J M.D. 15511 N. FLORIDA AVENUE SUITE D TAMPA, FL 33613
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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:** Alan J. Iezzi **President** 2/22/08 813-708-8700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #