

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000073036

FILED  
Apr 14, 2008  
Secretary of State

Entity Name: APOLLO BEACH FAMILY PRACTICE, INC.

## Current Principal Place of Business:

500 VONDERBURG DR.  
SUITE 311 WEST  
BRANDON, FL 33511 US

## New Principal Place of Business:

## Current Mailing Address:

500 VONDERBURG DR.  
SUITE 311 WEST  
BRANDON, FL 33511 US

## New Mailing Address:

FEI Number: 59-3529151

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARKS, STEPHEN D MD  
4603 DOGWOOD HILLS CT  
BRANDON, FL 33511 US

## Name and Address of New Registered Agent:

PARKS, STEPHEN D MD  
500 VANDERBURG DRIVE, SUITE 311 WEST  
BRANDON, FL 33511 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:

04/14/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PARKS, STEPHEN D M.D.  
Address: 4603 DOGWOOD HILLS COURT  
City-St-Zip: BRANDON, FL 33511

Title: PSTD (X) Delete  
Name: PARKS, STEPHEN D MD  
Address: 282 APOLLO BEACH DR  
City-St-Zip: APOLLO BEACH, FL 33572

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: PARKS, STEPHEN D M.D.  
Address: 500 VANDERBURG DRIVE, SUITE 311 WEST  
City-St-Zip: BRANDON, FL 33511

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

I hereby certify that the information supplied with this filing does not qualify 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: STEPHEN D. PARKS, M.D.

P

04/14/2008

Electronic Signature of Signing Officer or Director

Date