

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000073036

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** BRANDON AREA PRIMARY CARE, P.A.

**Current Principal Place of Business:**

500 VONDERBURG DRIVE  
SUITE 311W  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

500 VONDERBURG DRIVE  
SUITE 311W  
BRANDON, FL 33511

**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  
500 VANDERBURG DRIVE  
SUITE 311W  
BRANDON, FL 33511 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: DPT  
Name: PARKS, STEPHEN D M.D.  
Address: 500 VONDERBURG DRIVE, SUITE 311W  
City-St-Zip: BRANDON, FL 33511

Title: VP  
Name: STIBICH, JASON C M.D.  
Address: 500 VONDERBURG DRIVE, SUITE 311W  
City-St-Zip: BRANDON, FL 33511

Title: S  
Name: GOODMAN, LISA  
Address: 500 VONDERBURG DRIVE, SUITE 311W  
City-St-Zip: BRANDON, FL 33511

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: STEPHEN D. PARKS, M.D.

P

04/24/2012

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

\_\_\_\_\_  
Date