2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2011
Secretary of State

DOCUMENT# P99000066528

Entity Name: FAMILY MEDICINE, P.A.

Current Principal Place of Business:

1216 NW 22ND AVE
GAINESVILLE, FL 32605

New Principal Place of Business:

1216 NW 22ND AVE
GAINESVILLE, FL 32609

Current Mailing Address:

1216 NW 22ND AVE
GAINESVILLE, FL 32605

New Mailing Address:

1216 NW 22ND AVE
GAINESVILLE, FL 32609

FEI Number: 59-3586793 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONTRICHARD, MAY E M.D.
2121 N.W. 77 ST.
GAINESVILLE, FL 32605 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: D
Name: MONTRICHARD, MAY E M.D.
Address: 2121 N.W. 77 ST.
City-St-Zip: GAINESVILLE, FL 32605

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: MAY MONTRICHARD D 04/26/2011

Electronic Signature of Signing Officer or Director — Date