

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000100776

FILED  
May 01, 2009  
Secretary of State

Entity Name: ADVENT FAMILY PRACTICE, P.A.

## Current Principal Place of Business:

1395 STATE RD 7  
400  
WELLINGTON, FL 33414

## New Principal Place of Business:

## Current Mailing Address:

1395 STATE RD 7  
400  
WELLINGTON, FL 33414

## New Mailing Address:

1395 STATE ROAD 7  
400  
WELLINGTON, FL 33414

FEI Number: 65-0965965

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KANKAM, EDWARD K  
8916 NEW HOPE CT.  
ROYAL PALM BEACH, FL 33411 US

## Name and Address of New Registered Agent:

KANKAM, EDWARD K  
1395 STATE ROAD 7  
WELLINGTON, FL 33414 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:

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KANKAM, EDWARD K DR.  
Address: 8916 NEW HOPE CT.  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VPD ( ) Delete  
Name: KANKAM, CYGETHIA G DR.  
Address: 1395 STATE ROAD 7, SUITE 400  
City-St-Zip: WELLINGTON, FL 33414

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: KANKAM, EDWARD K DR.  
Address: 8916 NEW HOPE CT.  
City-St-Zip: ROYAL PALM BEACH, FL 33414

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: EDWARDKANKAM

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date