

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S22220

FILED
Mar 20, 2006
Secretary of State

Entity Name: GAINESVILLE FAMILY PHYSICIANS, P.A.

Current Principal Place of Business:

2731 NW 41ST STREET
SUITE A-2
GAINESVILLE, FL 32606

New Principal Place of Business:

6800 NW 9 BLVD
SUITE 3
GAINESVILLE, FL 32605

Current Mailing Address:

2731 NW 41ST STREET
SUITE B-1
GAINESVILLE, FL 32606

New Mailing Address:

6800 NW 9 BLVD
SUITE 3
GAINESVILLE, FL 32605

FEI Number: 59-3042421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEYTEM, BRENT A MD
2731 NW 41ST STREET
SUITE A-2
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

CARMICHAEL, PATRICK R MD
6800 NW 9 BLVD
SUITE 3
GAINESVILLE, FL 32605 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: PATRICK R. CARMICHAEL, MD

03/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THOMPSON, DAVID A MD
Address: 2731 NW 41ST ST #A2
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: CARMICHAEL, PATRICK R MD
Address: 2731 NW 41ST ST., #A-2
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: BENCHIMOL, GEORGE M MD
Address: 2731 NW 41ST ST., #A-2
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: BRODSKY, HAL M MD
Address: 2731 N.W. 41ST ST. # A-2
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: SHANNON, KAREN W MD
Address: 2731 NW 41ST ST
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: THOMPSON, DAVID A MD
Address: 6800 NW 9 BLVD SUITE 3
City-St-Zip: GAINESVILLE, FL 32605

Title: D (X) Change () Addition
Name: LEYTEM, BRENT A MD
Address: 6800 NW 9 BLVD SUITE 3
City-St-Zip: GAINESVILLE, FL 32605

Title: D (X) Change () Addition
Name: BENCHIMOL, GEORGE M MD
Address: 6800 NW 9 BLVD SUITE 3
City-St-Zip: GAINESVILLE, FL 32605

Title: D (X) Change () Addition
Name: BRODSKY, HAL M MD
Address: 6800 NW 9 BLVD SUITE 3
City-St-Zip: GAINESVILLE, FL 32605

Title: D (X) Change () Addition
Name: SHANNON, KAREN W MD
Address: 6800 NW 9 BLVD SUITE 3
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICK R. CARMICHAEL

MD

03/20/2006

Electronic Signature of Signing Officer or Director

Date