

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S22220

FILED  
Apr 11, 2007  
Secretary of State

Entity Name: GAINESVILLE FAMILY PHYSICIANS, P.A.

## Current Principal Place of Business:

6800 NW 9 BLVD  
SUITE 3  
GAINESVILLE, FL 32605

## New Principal Place of Business:

6900 NW 9TH BLVD  
GAINESVILLE, FL 32605

## Current Mailing Address:

6800 NW 9 BLVD  
SUITE 3  
GAINESVILLE, FL 32605

## New Mailing Address:

6900 NW 9TH BLVD  
SUITE B  
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:

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

## Name and Address of New Registered Agent:

CARMICHAEL, PATRICK R MD  
6900 NW 9TH BLVD  
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

04/11/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: THOMPSON, DAVID A MD  
Address: 6900 NW 9 BLVD  
City-St-Zip: GAINESVILLE, FL 32605

Title: D (X) Change ( ) Addition  
Name: LEYTEM, BRENT A MD  
Address: 6900 NW 9 BLVD  
City-St-Zip: GAINESVILLE, FL 32605

Title: D (X) Change ( ) Addition  
Name: BENCHIMOL, GEORGE M MD  
Address: 6900 NW 9 BLVD  
City-St-Zip: GAINESVILLE, FL 32605

Title: D (X) Change ( ) Addition  
Name: BRODSKY, HAL M MD  
Address: 6900 NW 9 BLVD  
City-St-Zip: GAINESVILLE, FL 32605

Title: D (X) Change ( ) Addition  
Name: SHANNON, KAREN W MD  
Address: 6900 NW 9 BLVD  
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: HAL BRODSKY

D

04/11/2007

Electronic Signature of Signing Officer or Director

Date