

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S22220

FILED
Jun 15, 2009
Secretary of State

Entity Name: GAINESVILLE FAMILY PHYSICIANS, P.A.

Current Principal Place of Business:

6900 NW 9TH BLVD
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

6900 NW 9TH BLVD
SUITE B
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 59-3042421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARMICHAEL, PATRICK R MD
6900 NW 9TH BLVD
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

THOMPSON, DAVID A 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: DAVID A THOMPSON

06/15/2009

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

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

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

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

Title: D () Delete
Name: SHANNON, KAREN W MD
Address: 6900 NW 9 BLVD
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (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: SHANNON, KAREN W MD
Address: 6900 NW 9 BLVD
City-St-Zip: GAINESVILLE, FL 32605

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CARMICHAEL, PATRICK R MD
Address: 6900 NW 9TH BLVD
City-St-Zip: GAINESVILLE, FL 32605

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: DAVID A THOMPSON MD

DP

06/15/2009

Electronic Signature of Signing Officer or Director

Date