2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2011
Secretary of State

DOCUMENT# S95827

Entity Name: FAMILY PRACTICE ASSOCIATES-LEE PACK, M.D., P.A.

Current Principal Place of Business:

4410 NEWBERRY RD
BLDG B
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

4410 NEWBERRY RD
BLDG B
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 59-3093490 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEE-PACK, RENE A
4410 NEWBERRY RD
BLDG B
GAINESVILLE, FL 32607 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: DP
Name: LEE-PACK, RENE A
Address: 4410 NEWBERRY RD, BLDG B
City-St-Zip: GAINESVILLE, FL 32607

Title: STV
Name: HORSEMAN, MICHAEL
Address: 4410 NEWBERRY RD, BLDG B
City-St-Zip: GAINESVILLE, FL 32607

Title: D
Name: BODLAK, BRANDON K
Address: 4410 NEWBERRY RD, BLDG B
City-St-Zip: GAINESVILLE, FL 32607

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: RENE A. LEE-PACK DP 02/01/2011

Electronic Signature of Signing Officer or Director Date