

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V08254

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: ASSOCIATED FAMILY MEDICINE II, P.A.

## Current Principal Place of Business:

515 W SR 434  
110  
LONGWOOD, FL 32750

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 915201  
LONGWOOD, FL 327915201

## New Mailing Address:

FEI Number: 59-3106061

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KEIDAISH, PHILIP F., JR.  
320 SABAL PALM PLACE  
200  
LONGWOOD, FL 32779 US

## Name and Address of New Registered Agent:

KEIDAISH, PHILIP F., JR.  
320 SABAL PALM PLACE  
300  
LONGWOOD, FL 32779 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: PHILIP F. KEIDAISH, JR.

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: VYAS, ZABUNNISA  
Address: 705 W SR 434 STE E  
City-St-Zip: LONGWOOD, FL 32750

Title: V ( ) Delete  
Name: VYAS, SUREE  
Address: 705 W SR 434 STE E  
City-St-Zip: LONGWOOD, FL 32750

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: VYAS, ZABUNNISA  
Address: 320 W. SABAL PALM PLACE, SUITE 300  
City-St-Zip: LONGWOOD, FL 32779

Title: V (X) Change ( ) Addition  
Name: VYAS, SUREE  
Address: 320 W. SABAL PALM PLACE, SUITE 300  
City-St-Zip: LONGWOOD, FL 32779

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: SUREE VYAS

V

04/24/2007

Electronic Signature of Signing Officer or Director

Date