2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2011
Secretary of State

DOCUMENT# V08254

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:

STOGIS, ROBERT
320 SABAL PALM PLACE
300
LONGWOOD, FL 32779 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: PD
Name: VYAS, ZABUNNISA
Address: 320 W. SABAL PALM PLACE, SUITE 300
City-St-Zip: LONGWOOD, FL 32779

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

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: ZABUNNISSA VYAS PD 04/19/2011

Electronic Signature of Signing Officer or Director — Date