

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V27555

FILED
Jan 13, 2009
Secretary of State

Entity Name: BRANFORD FAMILY MEDICAL CENTER, INC.

Current Principal Place of Business:

303 SUWANNEE AVE
BRANFORD, FL 32008 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 846
303 SUWANNEE AVENUE
BRANFORD, FL 32008 US

New Mailing Address:

FEI Number: 59-3186467 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SAMERA, VIRGINIA
303 SUWANNEE AVE
BRANFORD, FL 32008 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SAMERA, VIRGINIA,
Address: 303 SUWANNEE AVE
City-St-Zip: BRANFORD, FL 32008 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: VIRGINIA SAMERA

MRS

01/13/2009

Electronic Signature of Signing Officer or Director

_____ Date