# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 10, 2006**
**Secretary of State**

DOCUMENT# V44783

**Entity Name:** UNIVERSITY FAMILY MEDICINE CENTER, P.A.

**Current Principal Place of Business:**

10055 UNIVERSITY BLVD.
ORLANDO, FL 32817

**New Principal Place of Business:**

**Current Mailing Address:**

10055 UNIVERSITY BLVD.
ORLANDO, FL 32817

**New Mailing Address:**

**FEI Number: 59-3129809** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURNS, RONALD
10055 UNIVERSITY BLVD.
ORLANDO, FL 32817 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: BURNS, RONALD RAY,
Address: 10055 UNIVERSITY BLVD.
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete
Name: RALEY, JANE-MARIE,
Address: 10055 UNIVERSITY BLVD.
City-St-Zip: ORLANDO, FL 32817

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR. (X) Change ( ) Addition
Name: BURNS, RONALD RAY,
Address: 10055 UNIVERSITY BLVD.
City-St-Zip: ORLANDO, FL 32817

Title: DR. (X) Change ( ) Addition
Name: RALEY, JANE-MARIE,
Address: 10055 UNIVERSITY BLVD.
City-St-Zip: ORLANDO, FL 32817

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: RONALD R. BURNS DR. 01/10/2006

Electronic Signature of Signing Officer or Director — Date