

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V71434

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** APOPKA FAMILY MEDICINE, INC.

**Current Principal Place of Business:**

205 NORTH PARK AVENUE, SUITE #108  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 915201  
LONGWOOD, FL 32791

**New Mailing Address:**

**FEI Number:** 59-3146075

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STROGIS, ROBERT  
320 W. SABAL PALM PLACE  
SUITE 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: VYAS, SUREE  
Address: 320 W SABAL PALM PLACE, SUITE 300  
City-St-Zip: LONGWOOD, FL 32779

**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:** SUREE VYAS

DP

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date