2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2012
Secretary of State

DOCUMENT# V71434

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:

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

Current Mailing Address:

P O BOX 915201
LONGWOOD, FL 32791

New Mailing Address:

PO BOX 915201
LONGWOOD, FL 32791

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

OFFICERS AND DIRECTORS:

Title: DP
Name: VYAS, SUREE
Address: 320 W SABAL PALM PLACE, STE 300
City-St-Zip: LONGWOOD, FL 32779 US

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: SUREE VYAS DP 03/23/2012

Electronic Signature of Signing Officer or Director Date