

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724248

Entity Name: FLORIDA ACADEMY OF FAMILY PHYSICIANS, INC.**Current Principal Place of Business:**13241 BARTRAM PARK BLVD.
UNIT 1321
JACKSONVILLE, FL 32258-5229**Current Mailing Address:**13241 BARTRAM PARK BLVD.
UNIT 1321
JACKSONVILLE, FL 32258-5229 US**FEI Number:** 59-6138054**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MILLSON, JAMES
13241 BARTRAM PARK BLVD.
UNIT 1321
JACKSONVILLE, FL 32258-5229 US*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**Officer/Director Detail :**

Title	EVP
Name	MILLSON, JAMES
Address	1741 HORIZON COURT
City-State-Zip:	ORANGE PARK FL 32003

Title	BOARD CHAIR
Name	ALEXANDER, CHRISTIENNE MD
Address	328 DE SOTO ST.
City-State-Zip:	TALLAHASSEE FL 32303

Title	PRESIDENT-ELECT
Name	VEY, CARRIE G MD
Address	40 CLEVELAND COURT
City-State-Zip:	PALM COAST FL 32137

Title	COO
Name	BEAMER, ADAM
Address	75 PAYNE TRAIL
City-State-Zip:	PONTE VEDRA FL 32081

Title	PRESIDENT
Name	GROSS, JOHN MD
Address	116 1ST ST., NORTH
City-State-Zip:	ST. PETERSBURG FL 33701

Title	VP
Name	CAVANAGH, CHRISTINA MD
Address	6470 QUAIL HOLLOW LANE
City-State-Zip:	FORT MYERS FL 33912

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES W. MILLSON

EVP

03/16/2021

Electronic Signature of Signing Officer/Director Detail_____
Date