

2018 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 CHAIRMAN OF THE BOARD
Name TWIGGS, DIANA MD
Address 45335 BISMARCK RD.
City-State-Zip: CALLAHAN FL 32011Title PRESIDENT
Name KUMAR, AJOY MD
Address 749 NINA DR.
City-State-Zip: TIERRA VERDE FL 33715Title EVP
Name MILLSON, JAMES
Address 1741 HORIZON COURT
City-State-Zip: ORANGE PARK FL 32003Title COO
Name BEAMER, ADAM
Address 75 PAYNE TRAIL
City-State-Zip: PONTE VEDRA FL 32081Title PRESIDENT-ELECT
Name BRANDHORST, MICHELLE MD
Address 1102 EAST GADSDEN ST.
City-State-Zip: PENSACOLA FL 32501Title VP
Name ALEXANDER, CHRISTIENNE MD
Address 328 DE SOTO ST.
City-State-Zip: TALLAHASSEE FL 32303Title S/T
Name GROSS, JOHN MD
Address 116 1ST ST., NORTH
City-State-Zip: ST. PETERSBURG FL 33701

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

03/20/2018

Electronic Signature of Signing Officer/Director Detail_____
Date