

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K91377

**Entity Name:** FAMILYCARE OF LAND O' LAKES, P.A.

**Current Principal Place of Business:**

26827 FOGGY CREEK RD.,  
SUITE 101  
WESLEY CHAPEL, FL 33544

**Current Mailing Address:**

26827 FOGGY CREEK RD.,  
SUITE 101  
WESLEY CHAPEL, FL 33544 US

**FEI Number:** 59-2957966

**Certificate of Status Desired:** No

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

ROSEQUIST, LINDA CCMM  
26827 FOGGY CREEK ROAD  
SUITE 101  
WESLEY CHAPEL, FL 33544 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	P	Title	VP
Name	ROSEQUIST, ROBERT B	Name	WATKINS STANLEY E
Address	26827 FOGGY CREEK ROAD 101	Address	1942 HIGHLAND OAKS BLVD SUITE A
City-State-Zip:	WESLEY CHAPEL FL 33544	City-State-Zip:	LUTZ FL 33559

*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:** LINDA ROSEQUIST

MGR

03/15/2017

Electronic Signature of Signing Officer/Director Detail

Date