## **2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000090776

**Entity Name: TOWN CENTER FAMILY PRACTICE INC** 

**Current Principal Place of Business:** 

1043 TOWN CENTER DRIVE ORANGE CITY. FL 32763

**Current Mailing Address:** 

1043 TOWN CENTER DRIVE ORANGE CITY. FL 32763 US

FEI Number: 84-1684357 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALSH BANKS PLLC 228 HILLCREST STREET ORLANDO, FL 32801 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: BRIAN M. WALSH, ESQ. 03/10/2023

Electronic Signature of Registered Agent

Date

FILED Mar 10, 2023

**Secretary of State** 

7863438121CC

Officer/Director Detail:

Title D, PRESIDENT Title AUTHORIZED MEMBER

Name SINGH, NEETU MD Name SINGH, AJAY

Address 1043 TOWN CENTER DRIVE Address 1043 TOWN CENTER DRIVE

City-State-Zip: ORANGE CITY FL 32763 City-State-Zip: ORANGE CITY FL 32763

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: AJAY SINGH AUTHORIZED MEMBER 03/10/2023