

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000054872

Entity Name: DELAND FAMILY MEDICINE, P.A.

Current Principal Place of Business:

1450 S. WOODLAND BLVD.
SUITE 300-C
DELAND, FL 32720

Current Mailing Address:

1450 S. WOODLAND BLVD.
SUITE 300-C
DELAND, FL 32720 US

FEI Number: 20-4710427

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VANDEMARK, MELANIE RPVST
347 W. WISCONSIN AVE
DELAND, FL 32720 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	PVST	Title	D
Name	VANDEMARK, MELANIE	Name	VANDENMARK, MELANIE
Address	347 W. WISCONSIN AVE	Address	347 W. WISCONSIN AVE
City-State-Zip:	DELAND FL 32720	City-State-Zip:	DELAND FL 32720

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: MELANIE VANDEMARK MD

OWNER

05/28/2015

Electronic Signature of Signing Officer/Director Detail

Date