

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000118267

**Entity Name:** ADVANCED FAMILY MEDICINE CLINIC, INC.

**Current Principal Place of Business:**

131 EAST REDSTONE AVENUE  
SUITE 104  
CRESTVIEW, FL 32539

**Current Mailing Address:**

131 EAST REDSTONE AVENUE  
SUITE 104  
CRESTVIEW, FL 32539

**FEI Number:** 26-1349798

**Certificate of Status Desired:** Yes

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

KATE, LOPS R  
131 EAST REDSTONE AVENUE  
SUITE 104  
CRESTVIEW, FL 32539 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:** KATE LOPS

04/12/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PSTD  
Name LOPS, KATE  
Address 131 EAST REDSTONE AVENUE, SUITE  
104  
City-State-Zip: CRESTVIEW FL 32539

*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:** KATE LOPS

PRESIDENT

04/12/2014

Electronic Signature of Signing Officer/Director Detail

Date