

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000042841

Entity Name: FAMILY PHYSICIAN ASSISTANT PA

Current Principal Place of Business:

210 CAPRI COVE WEST
NICEVILLE, FL 32578

Current Mailing Address:

210 CAPRI COVE WEST
NICEVILLE, FL 32578 US

FEI Number: 45-5225161

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BULLARD, GARY P
210 CAPRI COVE WEST
NICEVILLE, FL 32578 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	BULLARD, GARY P	Name	BULLARD, BRENDA R
Address	210 CAPRI COVE WEST	Address	210 CAPRI COVE WEST
City-State-Zip:	NICEVILLE FL 32578	City-State-Zip:	NICEVILLE FL 32578

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: GARY P. BULLARD, PA-C

PHYSICIAN ASSISTANT

04/28/2015

Electronic Signature of Signing Officer/Director Detail

Date