

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000053461

**Entity Name:** THE FAMILY DOCTORS, P.A.

**Current Principal Place of Business:**

14050 TOWN LOOP BLVD.  
SUITE 201  
ORLANDO, FL 32837

**Current Mailing Address:**

14050 TOWN LOOP BLVD.  
SUITE 201  
ORLANDO, FL 32837

**FEI Number:** 46-3061161

**Certificate of Status Desired:** Yes

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

BAUTISTA, MARIN  
4441 LAKE CALABAY DRIVE  
ORLANDO, FL 32837 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  
Name BAUTISTA, MARIN  
Address 4441 LAKE CALABAY DRIVE  
City-State-Zip: ORLANDO FL 32837

*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:** MARIN BAUTISTA

**PRESIDENT**

**07/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date