

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000002316

Entity Name: THE SPRINGS FAMILY MEDICAL CENTER, P.A.

Current Principal Place of Business:

10200 YALE AVE
BROOKSVILLE, FL 34613

Current Mailing Address:

10200 YALE AVE
BROOKSVILLE, FL 34613 US

FEI Number: 59-3149854

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1212 COURT STREET
SUITE B
CLEARWATER, FL 34616 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	D	Title	D
Name	DENNER, MARK	Name	MILLER, DAVID R
Address	9641 TOOKSHORE DRIVE	Address	4860 S PRICES CT
City-State-Zip:	WEEKI WACHEE FL 34613	City-State-Zip:	HOMOSASSA FL 34448

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: MARK A DENNER

PRESIDENT

01/28/2013

Electronic Signature of Signing Officer/Director Detail

Date