

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000010080

Entity Name: FAMILY PRACTICE CENTER OF PLANT CITY, P.A.**Current Principal Place of Business:**507 W ALEXANDER ST
PLANT CITY, FL 33563**Current Mailing Address:**507 W ALEXANDER ST
PLANT CITY, FL 33563**FEI Number: 59-3491418****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GUTOWSKI, GREGG WMD
507 W. ALEXANDER ST.
PLANT CITY, FL 33566 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
Name GUTOWSKI, GREGG WMD
Address 507 W ALEXANDER ST
City-State-Zip: PLANT CITY FL 33563Title D
Name SARANKO, A JMD
Address 507 W ALEXANDER ST
City-State-Zip: PLANT CITY FL 33563Title O
Name BASKIN, ROBERT NM.D.
Address 507 W. ALEXANDER ST.
City-State-Zip: PLANT CITY FL 33563Title O
Name FORD, MARK M.D.
Address 507 W. ALEXANDER ST.
City-State-Zip: PLANT CITY FL 33563Title D
Name KORTE, BRIAN J
Address 507 W ALEXANDER ST
City-State-Zip: PLANT CITY FL 33563

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: GREGG GUTOWSKI**DIRECTOR****04/05/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date