

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V58206

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** FAMILY PHYSICIANS OF WINTER PARK, P.A.

**Current Principal Place of Business:**

255 N.LAKEMONT AVE  
WINTER PARK, FL 32792 US

**New Principal Place of Business:**

**Current Mailing Address:**

6416 OLD WINTER GARDEN RD  
ORLANDO, FL 32835 US

**New Mailing Address:**

**FEI Number:** 59-3164234

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAILEY HARDING & ALLEN, P.A.  
15 N EOLA DRIVE  
ORLANDO, FL 32801 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: VYAS, INDRAJIT  
Address: 8616 WHISPERING WILLOW CT  
City-St-Zip: ORLANDO, FL 32835

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: INDRAJIT VYAS

P

04/19/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date