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.	

VP

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SIGNATURE: DARILU DEBI

Electronic Signature of Signing Officer/Director Detail

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Officer/Directo	١r	D۵	tail		

	Electronic Signature of Registered Agent		
Officer/Dire	ctor Detail :		
Title	PRESIDENT	Title	VP
Name	SATTAUR, IMTIAZ	Name	DEBI, DARILU
Address	6416 OLD WINTER GARDEN RD	Address	6416 OLD WINTER GARDEN RD
City-State-Zip:	ORLANDO FL 32835	City-State-Zip:	ORLANDO FL 32835
Title	SECRETARY, TREASURER		
Name	VYAS, ANJALI		
Address	6416 OLD WINTER GARDEN RD		
City-State-Zip:	ORLANDO FL 32835		

## SIGNATURE:

**Current Mailing Address:** 6416 OLD WINTER GARDEN RD

# FEI Number: 59-3164234

# Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS INC. 155 OFFICE PLAZA DRIVE SUITE A TALLAHASSEE, FL 32301 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.

### ORLANDO, FL 32835 US

#### DOCUMENT# V58206

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

## **Current Principal Place of Business:**

6416 OLD WINTER GARDEN RD ORLANDO, FL 32835

2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

Date

06/25/2015

FILED Jun 25, 2015 Secretary of State CC9240964609

Date

Certificate of Status Desired: No