

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V58206

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

**Current Principal Place of Business:**

6416 OLD WINTER GARDEN RD  
ORLANDO, FL 32835

**Current Mailing Address:**

6416 OLD WINTER GARDEN RD  
ORLANDO, FL 32835 US

**FEI Number: 59-3164234**

**Certificate of Status Desired: Yes**

**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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            VYAS, ANJALI  
Address        6416 OLD WINTER GARDEN RD  
City-State-Zip: ORLANDO FL 32835

Title            SECRETARY, TREASURER  
Name            VYAS, ANJALI  
Address        6416 OLD WINTER GARDEN RD  
City-State-Zip: ORLANDO FL 32835

Title            DIRECTOR  
Name            VYAS, NAYANA  
Address        6416 OLD WINTER GARDEN RD  
City-State-Zip: ORLANDO FL 32835

Title            DIRECTOR  
Name            VYAS, MILAN  
Address        6416 OLD WINTER GARDEN RD  
City-State-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: ANJALI VYAS**

**PRESIDENT**

**02/02/2016**

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

\_\_\_\_\_  
Date