### 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. 04/27/2017 SIGNATURE: BEATRIZ ASSAPIMONWAIT PT, CEO

Electronic Signature of Signing Officer/Director Detail

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

### **Officer/Director Detail :**

Title	PT	Title	CEO
Name	ASSAPIMONWAIT, BEATRIZ	Name	ASSAPIMONWAIT, BEATRIZ
Address	6416 OLD WINTER GARDEN ROAD	Address	6416 OLD WINTER GARDEN ROAD
City-State-Zip:	ORLANDO FL 32835	City-State-Zip:	ORLANDO FL 32835
Title	000		
Title Name	COO ARNOLD. NANCY		
	COO ARNOLD, NANCY 6416 OLD WINTER GARDEN RD		
Name	ARNOLD, NANCY 6416 OLD WINTER GARDEN RD		

# Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

# 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# V58206

Entity Name: FAMILY PHYSICIANS OF WINTER PARK, INC.

# **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

FILED Apr 27, 2017 Secretary of State CC200000036

Date

Certificate of Status Desired: Yes