

**2019 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# V58206

**FILED**  
**Nov 14, 2019**  
**Secretary of State**  
**4891698927CC**

**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

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 DIRECTOR  
Name BROUSSARD, BRUCE D.  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR, PRESIDENT  
Name BUCKINGHAM, RENEE J.  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR  
Name FLEMING, WILLIAM K.  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT AND TREASURER  
Name BAILEY, ALAN J.  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title SVP, TAX  
Name ROBINSON, D. HANK  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VP  
Name EDWARDS, DOUGLAS ALLEN  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VP, FINANCE  
Name JUDD, PATRICK J.  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

*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: D. HANK ROBINSON**

**SVP, TAX**

**11/14/2019**

Electronic Signature of Signing Officer/Director Detail

Date