

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # G00157

1. Entity Name
WINTER PARK FAMILY PRACTICE ASSOCIATES, INC.



Principal Place of Business
2830 CASA ALOMA WAY
2830 CASA ALOMA WAY
WINTER PARK, FL 32792

Mailing Address
2830 CASA ALOMA WAY
2830 CASA ALOMA WAY
WINTER PARK, FL 32792



02022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2218290

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MASSEY, GARY
112 W. CITRUS STREET
ALTAMONTE SPRINGS, FL 32714

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

000000072645
03/02/04-80003-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SAMANO, GREGORY P 2830 CASA ALOMA WAY WINTER PARK, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SAMANO, MARGARET M 2830 CASA ALOMA WAY WINTER PARK, FL 00000,
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret Samano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margaret Samano 21704 407-678-5554
Date Daytime Phone #