

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000039543

FILED
Mar 24, 2005
Secretary of State

Entity Name: FRUIT COVE FAMILY MEDICINE, P.A.

Current Principal Place of Business:

1400 BISHOP ESTATES RD
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

1400 BISHOP ESTATES RD
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 04-3641491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, DONALD S MD
1400 BISHOP ESTATES RD
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEVINE, DONALD J MD
Address: 1400 BISHOP ESTATES RD
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: LEVINE, DONALD J MD
Address: 1400 BISHOP ESTATES RD
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DONALD J LEVINE

DR

03/24/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date