

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000068997

1. Entity Name
FAMILY PHYSICIANS GROUP, INC.



Principal Place of Business
1550 S. LAKEMONT AVENUE
WINTER PARK, FL 32792

Mailing Address
1550 S. LAKEMONT AVENUE
WINTER PARK, FL 32792

2. Principal Place of Business
6320 OLD WINTER GARDEN RD
Suite, Apt. #, etc.

3. Mailing Address
6320 OLD WINTER GARDEN RD
Suite, Apt. #, etc.

City & State
ORLANDO, FLORIDA
Zip
32835
Country
U.S.A.

City & State
ORLANDO, FLORIDA
Zip
32835
Country
USA

4. FEI Number
56-2408723

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MOON, WALTER R.
200 NORTH PRIMROSE DRIVE
ORLANDO, FL 32803

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
400042079794
10/21/04--01070--004 **600.00
City
FL Zip Code

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 Walter R. Moon
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/3/04
DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

Walter R. Moon

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

02/02/04 90012 0188 ☐ Change ☐ Addition
150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Walter R. Moon

11/20/04 (401)293-2930