

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069949

FILED
Jan 13, 2004
Secretary of State

Entity Name: ORLANDO FAMILY MEDICAL CARE, INC.

Current Principal Place of Business:

1130 S SEMORAN BLVD STE C
ORLANDO, FL 32807

New Principal Place of Business:

8236 LEXINGTON VIEW LANE
ORLANDO, FL 32835

Current Mailing Address:

1130 S SEMORAN BLVD STE C
ORLANDO, FL 32807

New Mailing Address:

8236 LEXINGTON VIEW LANE
ORLANDO, FL 32835

FEI Number: 56-2379925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZARIDYAHSKY, GAROLD
1130 S SEMORAN BLVD STE C
ORLANDO, FL 32807

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: ZARIDYAHSKY, GAROLD
Address: 1130 S SEMORAN BLVD STE C
City-St-Zip: ORLANDO, FL 32807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ZARIDYAHSKY, GAROLD
Address: 8236 LEXINGTON VIEW LANE
City-St-Zip: ORLANDO, FL 32835

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: GAROLD ZARIDYAHSKY

PRES

01/13/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date