

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90423 045 \*\*\*150.00

**DOCUMENT # P93000086742**

1. Entity Name  
**AMELIA FAMILY PRACTICE, INC.**



Principal Place of Business <b>C/O HARVEY GRANGER          1325 SAN MARCO BLVD., SUITE 902          JACKSONVILLE, FL 32207 US</b>	Mailing Address <b>C/O HARVEY GRANGER          1325 SAN MARCO BLVD., SUITE 902          JACKSONVILLE, FL 32207 US</b>
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40080006



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01042006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3215070</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>GRANGER, HARVEY 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE, FL 32207</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DVS	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	PARRETT, DONALD O.		NAME	mally, Earl B.			
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902		STREET ADDRESS	1325 San marco Blvd., suite 902			
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP	Jacksonville, FL 32207			
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	THOMPSON, CAROL C		NAME	Greene, A. Hugh			
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902		STREET ADDRESS	1325 San marco Blvd., suite 902			
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP	Jacksonville, FL 32207			
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	GRANGER, HARVEY		NAME	Wilbanks, John F.			
STREET ADDRESS	1325 SAN MARCO BLVD, STE 902		STREET ADDRESS	1325 San marco Blvd., suite 902			
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP	Jacksonville, FL 32207			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PARRETT, DONALD O		NAME				
STREET ADDRESS	1325 SAN MARCO BLVD STE 902		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MAYO, JIM		NAME				
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: A. Hugh Greene 4/28/04 904-202-5010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #