


FILED
Mar 05, 2004 8:00 am
Secretary of State

02-02-2004 90017 004 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000027984					
1. Entity Name SOUTH FLORIDA PRIMARY CARE GROUP, P.A.					
Principal Place of Business 1150 N. 35 AVE SUITE 675 HOLLYWOOD, FL 33021 US			Mailing Address 1150 N 35 AVE 675 HOLLYWOOD, FL 33021 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0576000	
6. Name and Address of Current Registered Agent B & C CORPORATE SERVICES, INC. 201 S. BISCAYNE BLVD. SUITE 3000 MIAMI, FL 33131				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
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: _____ (NOTE: Registered Agent signature required when resigning) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEROLD, FRED	NAME			
STREET ADDRESS	1150 N 35 AVE SUITE 675	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33021	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TREZZA, JAMES	NAME			
STREET ADDRESS	1150 N. 35 AVE SUITE 675	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33021	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			
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			
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 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: <i>[Signature]</i>		Date: Fred Herold, MD 2/20/04 954-951-6680			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			

66404555



01142004 Chg-P CR2E034 (10/03)

Applied For Not Applicable

FL Zip Code