


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000046808
 1. Entity Name
 MID FLORIDA PRIMARY CARE PHYSICIANS ASSOCIATES, P.A.



Principal Place of Business 1475 WVS HWY 441 APOPKA, FL 32712	Mailing Address P.O. BOX 909 APOPKA, FL 32704
---	---

DO NOT WRITE IN THIS SPACE



05172005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3578497	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ROSENDO, LEYBERTH M M.D.
 1475 W. US HWY 441
 APOPKA, FL 32712

DO NOT WRITE IN THIS SPACE

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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENDO, LEYBERTH M M.D. 1475 W. US HWY 441 APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000368235
 05/25/05-80001-007 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ Date: 05-18-2005 Daytime Phone #: 407-899-8008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR