

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



05172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3578497 Applied For: Not Applicable
 5. Certificate of Status Desired: \$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	D
NAME	ROSENDO, LEYBERTH M M.D.
STREET ADDRESS	1475 W. US HWY 441
CITY-ST-ZIP	APOPKA, FL 32712
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: _____ (Signature of Signing Officer or Director)
 Date: 05-18-2005 Daytime Phone #: 407-899-8008