

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90084 025 ***150.00

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



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

DO NOT WRITE IN THIS SPACE

40047226



03242006 No Chg-P CR2E034 (11/05)

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D President ROSENDO, LEYBERTH M M.D. 1475 W. US HWY 441 APOPKA, FL 32712
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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: _____ **04-05-2006** **407-889-8008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #