

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724248

FILED
Jan 08, 2004
Secretary of State

Entity Name: FLORIDA ACADEMY OF FAMILY PHYSICIANS, INC.

Current Principal Place of Business:

6720 ATLANTIC BLVD
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

Current Mailing Address:

6720 ATLANTIC BLVD
JACKSONVILLE, FL 32211 US

New Mailing Address:

FEI Number: 59-6138054 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHER, TAD P
6720 ATLANTIC BLVD
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: COLLINS, CECILIA MD
Address: 383 N ROSCOE BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PD () Delete
Name: SARANKO, JOHN M.D.
Address: 507 WEST ALEXANDER STREET
City-St-Zip: PLANT CITY, FL 33563

Title: VD () Delete
Name: ARGENIO, SANDRA MD
Address: 4500 SAN PABLO RD. CANNADAY BLDG.#3E
City-St-Zip: JACKSONVILLE, FL 32224

Title: PED () Delete
Name: SACK, FLEUR
Address: 8755 S W 94TH ST. #103
City-St-Zip: MIAMI, FL 33176

Title: M () Delete
Name: FISHER, TAD P EVP
Address: 6720 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32211

Title: TD () Delete
Name: SAVER, DENNIS MD
Address: 1265 36TH ST. SUITE A
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: SARANKO, JOHN MD
Address: 507 WEST ALEXANDER STREET
City-St-Zip: PLANT CITY, FL 33563

Title: PD (X) Change () Addition
Name: SACK, FLEUR M.D.
Address: 11400 S W 94TH AVE
City-St-Zip: MIAMI, FL 33176

Title: VD (X) Change () Addition
Name: ARGENIO, SANDRA MD
Address: 4500 SAN PABLO RD. CANNADAY BLDG.#3E
City-St-Zip: JACKSONVILLE, FL 32224

Title: PED (X) Change () Addition
Name: SAVER, DENNIS
Address: 1265 36TH ST. SUITE A
City-St-Zip: VERO BEACH, FL 32960

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: OSLOS, NEIL MD
Address: 303 N CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32120

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAD P. FISHER

EVP

01/08/2004

Electronic Signature of Signing Officer or Director

Date