

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002631

FILED
Jul 14, 2004
Secretary of State

Entity Name: FLYING PHYSICIANS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 677427
ORLANDO, FL 32867

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 677427
ORLANDO, FL 32867

New Mailing Address:

FEI Number: 36-2582605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NODECKER, PATRICIA A
2996 PICKETT DOWNS FRIVE
CHULUOTA, FL 32766 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SONES, PETER
Address: 1026 CLIFTON RD
City-St-Zip: ATLANTA, GA 30307

Title: S () Delete
Name: BROWNING, FRANK
Address: 1830 WRIGHT DR
City-St-Zip: DAYTONA BEACH, FL 32128

Title: S () Delete
Name: SCHRECKENGAUST, ROBERT
Address: 743 JEFFERSON AVE.
City-St-Zip: SCRANTON, PA 18501

Title: PP () Delete
Name: GAHAGAN, LAWRENCE
Address: 3613 COLGATE AVE
City-St-Zip: DALLAS, TX

Title: D () Delete
Name: NODECKER, PATRICIA A
Address: 2996 PICKETT DOWNS DRIVE
City-St-Zip: CHULUOTA, FL

Title: PP () Delete
Name: RENOLLET, HAROLD
Address: 8639 OLIVEWOOD COURT
City-St-Zip: FAIR OAKS, CA 95628

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER SONES, MD

PRES

07/14/2004

Electronic Signature of Signing Officer or Director

Date