
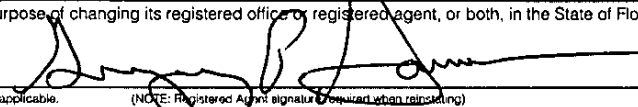
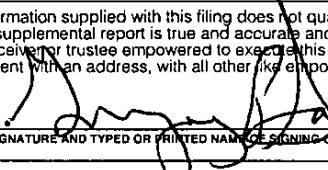


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90042 045 ***150.00

DOCUMENT # G00157 1. Entity Name WINTER PARK FAMILY PRACTICE ASSOCIATES, INC.					
Principal Place of Business 2830 CASA ALOMA WAY 2830 CASA ALOMA WAY WINTER PARK, FL 32792			Mailing Address 2830 CASA ALOMA WAY 2830 CASA ALOMA WAY WINTER PARK, FL 32792		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2218290	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MASSEY, GARY 112 W. CITRUS STREET ALTAMONTE SPRINGS, FL 32714				7. Name and Address of New Registered Agent Name Gregory P. Samano Street Address (P.O. Box Number is Not Acceptable) 2830 Casa Aloma Way City Winter Park FL Zip Code 32792	
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 Gregory P. Samano  2-7-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SAMANO, GREGORY P 2830 CASA ALOMA WAY WINTER PARK, FL 00000,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SAMANO, MARGARET M 2830 CASA ALOMA WAY WINTER PARK, FL 00000,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  Gregory P. Samano 2-7-04 407-678-5554 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50013757



01262005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Name **Gregory P. Samano**
 Street Address (P.O. Box Number is Not Acceptable)
2830 Casa Aloma Way
 City **Winter Park** **FL** Zip Code **32792**

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 **Gregory P. Samano**  **2-7-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reappointing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
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STREET ADDRESS
CITY-ST-ZIP
**PTD
SAMANO, GREGORY P
2830 CASA ALOMA WAY
WINTER PARK, FL 00000,**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
SAMANO, MARGARET M
2830 CASA ALOMA WAY
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☐ Delete

TITLE
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STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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☐ Change ☐ Addition

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SIGNATURE:  **Gregory P. Samano** **2-7-04** **407-678-5554**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #