2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004
Secretary of State

DOCUMENT# G05711

Entity Name: NORTHEAST FAMILY PRACTICE, P.A.

Current Principal Place of Business:

8730 4TH STREET N
ST. PETERSBURG, FL 33702 US

New Principal Place of Business:

Current Mailing Address:

8730 4TH STREET N
ST. PETERSBURG, FL 33702 US

New Mailing Address:

FEI Number: 59-2224129 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, FRANK A
8730-4TH STREET N
SAINT PETERSBURG, FL 33702

Name and Address of New Registered Agent:

FRIERSON, ERNEST L
8730-4TH STREET N
SAINT PETERSBURG, FL 33702

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: ERNEST L. FRIERSON 07/12/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FRIERSON, ERNEST L,, MD
Address: 8730 FOURTH STREET N
City-St-Zip: ST. PETERSBURG, FL

Title: VP ( ) Delete
Name: THOMPSON, FRANK A
Address: 8730 4 STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: VP ( ) Delete
Name: BHARGVA-PATEL, KIRITI
Address: 8730-4 ST. NORTH
City-St-Zip: SAINT PETERSBURG, FL 33702

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:

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: FRIERSON, ERNEST L, MD P 07/12/2004
Electronic Signature of Signing Officer or Director Date