


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G42690</b>	
1. Entity Name <b>FAMILY PRACTICE ASSOCIATES OF ORANGE PARK, P.A.</b>	

Principal Place of Business <b>1594 KINGSLEY AVENUE ORANGE PARK, FL 32073</b>	Mailing Address <b>1594 KINGSLEY AVENUE ORANGE PARK, FL 32073</b>
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**DO NOT WRITE IN THIS SPACE**



03262004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2295934</b>	Applied For Nor Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BULTMAN, RICHARD J.  
1594 KINGSLEY AVE.  
ORANGE PARK, FL 32073**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when rechartering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>100000104537 04/06/04-80016-008 158.75</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	O BULTMAN, RICHARD J 1594 KINGSLEY AVE. ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUHN, MARIANNE 1594 KINGSLEY AVE. ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP SESSIONS, WILLIAM H MD 1594 KINGSLEY AVE ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O BIGGERSTAFF, JAMES R MD 1594 KINGSLEY AVE ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_ **4-1-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #