


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

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



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



03262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2295934	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BULTMAN, RICHARD J.
 1594 KINGSLEY AVE.
 ORANGE PARK, FL 32073

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

100000104537
 04/06/04-80016-008 158.75

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	

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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: _____ DATE: 4-1-04 DAYTIME PHONE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR