

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G55534

FILED
Apr 27, 2004
Secretary of State

Entity Name: FAMILY PRACTICE ASSOCIATES OF PALM BEACH AND MARTIN COUNTIES, P.A.

Current Principal Place of Business:

411 W INDIANTOWN RD
JUPITER, FL 33458 US

New Principal Place of Business:

Current Mailing Address:

411 W INDIANTOWN RD
JUPITER, FL 33458 US

New Mailing Address:

FEI Number: 59-2331244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUROWITZ, RONALD, D.O., P.A.
411 INDIANTOWN RD.
JUPITER, FL 33458 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: PS () Delete
Name: SUROWITZ, RONALD,
Address: 411 INDIANTOWN RD.
City-St-Zip: JUPITER, FL

Title: TD () Delete
Name: SUROWITZ, RONALD,
Address: 411 INDIANTOWN RD.
City-St-Zip: JUPITER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: RONALD SUROWITZ,D.O.,PA

PS

04/27/2004

Electronic Signature of Signing Officer or Director

Date