

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90011 014 ***150.00

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01142004 Chg-P CR2E034 (10/03)

4. FEI Number **59-2645885** Applied For ☐ Not Applicable ☐

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

DOCUMENT # J01455
1. Entity Name
FAMILY MEDICAL GROUP, P.A.



Principal Place of Business
**105 TOMOKA BLVD. S
LAKE PLACID, FL 33852**

Mailing Address
**105 TOMOKA BLVD. S
LAKE PLACID, FL 33852**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

**CAMPBELL, RICHARD A.
105 TOMOKA BLVD S.
LAKE PLACID, FL 33852**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 re-registering) DATE _____

**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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, RICHARD A. 105 TOMOKA BLVD.S LAKE PLACID, FL 33852	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CORREDERA, WILFREDO 105 TOMOKA BLVD S LAKE PLACID, FL 33852	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DANIEL E. MINERO SECRETARY 105 TOMOKA BLVD LAKE PLACID, FL 33852	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: *[Signature]* **21104 863 465 7010**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RICHARD A. CAMPBELL, M.D., PRESIDENT