


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # J30798 1. Entity Name PRIMARY CARE PHYSICIANS OF GAINESVILLE, P.A.	
---	---

Principal Place of Business % BETTE E. BOYSEN 6440 W. NEWBERRY ROAD SUITE 111 GAINESVILLE, FL 32605	Mailing Address % BETTE E. BOYSEN 6440 W. NEWBERRY ROAD SUITE 111 GAINESVILLE, FL 32605
---	---



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2710945	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 BOYSEN, BETTE E 6440 W NEWBERRY RD SUITE 111 GAINESVILLE, FL 32605

**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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANDERS, ELIZABETH C 6440 W NEWBERRY ROAD, SUITE 111 GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOYSEN, BETTE E 6440 W NEWBERRY RD STE 111 GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURKE, THERESA K M.D. 6440 W. NEWBERRY RD., #111 GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000007190
01/20/04-80012-020 150.00

**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)(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: Bette E Boyesen 1-16-04 352 383 5123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #