

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 11 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # K91377 (7)**

**1. Corporation Name**  
FAMLYCARE OF LAND O' LAKES, P.A.



**Principal Place of Business** 1942 HIGHLAND OAKS BLVD. LUTZ FL 33549  
**Mailing Address** 1942 HIGHLAND OAKS BLVD. LUTZ FL 33549-7323

**3. Date Incorporated or Qualified** 05/26/1989  
**3a. Date of Last Report** 08/02/1996

**2. Principal Place of Business** 21 Suite Apt. #, etc. 22 City & State 23 Zip 24 Country 25  
**2a. Mailing Address** 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

**4. FEI Number** 59-2957066 Applied For Not Applicable  
**5. Certificate of Status Desired**  \$8.75 Additional Fee Required  
**6. Election Campaign Financing Trust Fund Contribution**  \$5.00 May Be Added to Fees  
**8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes**  Yes  No

**9. Name and Address of Current Registered Agent**

FUENTES, LINDA  
1942 HIGHLAND OAKS BLVD.  
LUTZ FL 33549

LINDA ROSEQUIST  
(Formerly Fuentes)

**10. Name and Address of New Registered Agent**

**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**83**  
**84 City** FL **85 Zip Code**

**11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.**

**SIGNATURE** Linda Rosequist *Linda Rosequist* 2/6/97  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> DELETE
NAME	ROSEQUIST, ROBERT B	
STREET ADDRESS	1942 HIGHLAND OAKS BLVD.	
CITY - ST - ZIP	LUTZ FL 33549	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WATKINS, STANLEY	
STREET ADDRESS	8619 VIVIAN BASS WAY	
CITY - ST - ZIP	ODESSA FL 33556	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	VAN DURME, DANIEL J	
STREET ADDRESS	9212 DAYFLOWER DR.	
CITY - ST - ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

**14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.**

**SIGNATURE:** *TR ASTR...* 2/6/97 812-748-8838  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)