

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90042 047 ***150.00

DOCUMENT # L06636

1. Entity Name
OCOEE FAMILY MEDICAL CENTER, INC.



Principal Place of Business
10872 W COLONIAL DR
OCOEE, FL 34761-3311 US

Mailing Address
OCOEE FAMILY MEDICAL
2551 BOGY CREEK RD
KISSIMMEE, FL 34744 US

44024709



DO NOT WRITE IN THIS SPACE

01092004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2963101

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GAUCHAT, DIANA S.
2531 BOGGY CREEK ROAD
KISSIMMEE, FL 34744

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
VPD
PALAZZOLO, ARLENE
2880 BORENQUIN DR
KISSIMMEE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GAUCHAT, DIANA S
2531 BOGGY CREEK ROAD
KISSIMMEE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/04 404-944-1098