

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L25654

1. Entity Name

SOUTHWEST ORLANDO MEDICAL SERVICES, INC.



Principal Place of Business

**9430 TURKEY LAKE ROAD., STE 206
ORLANDO, FL 32819**

Mailing Address

**215 NORTH EOLA DRIVE
ORLANDO, FL 32801**



07092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2977239

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FEUER, KENNETH R MD
9430 TURKEY LAKE RD.
STE. 206
ORLANDO, FL 32819**

**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

Kenneth R. Feuer

7/26/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FEUER, KENNETH MD
STREET ADDRESS 9430 SAND LAKE RD., STE. 206
CITY-ST-ZIP ORLANDO, FL 32819

TITLE DVP
NAME MEYER, ROBERT MD
STREET ADDRESS 9430 SAND LAKE ROAD, STE. 206
CITY-ST-ZIP ORLANDO, FL 32819

TITLE T
NAME BYRNE, PAUL
STREET ADDRESS 9430 TURKEY LAKE RD., STE. 206
CITY-ST-ZIP ORLANDO, FL 32819

TITLE S
NAME BRNEUNING, PHIL
STREET ADDRESS 9430 TURKEY LAKE RD, STE 206
CITY-ST-ZIP ORLANDO, FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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08/02/04-80018-003 558.75

**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)(f), 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:

Kenneth R. Feuer

7/26/04

(407) 547-7826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #