

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L84442

1. Entity Name
FLORIDA FAMILY MEDICAL CENTERS, INC.



Principal Place of Business

**818 CHESTNUT STREET
CLEARWATER, FL 33756**

Mailing Address

**818 CHESTNUT STREET
CLEARWATER, FL 33756**



03102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3022916

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KAY, WALTER D O
818 CHESTNUT ST.
CLEARWATER, FL 33756**

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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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DELUCIA, EUGENE III D O
STREET ADDRESS	4543 S. MANHATTAN AVE.
CITY-ST-ZIP	TAMPA, FL 336112330
TITLE	VP
NAME	BEILAN, MICHAEL DO
STREET ADDRESS	4901 MARLIN DR.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	ST
NAME	KAY, WALTER DO
STREET ADDRESS	818 CHESTNUT STREET
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN00000374687
07/27/05-80004-002 550.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #