


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # L89389</b> 1. Entity Name <b>FAMILY MEDICAL PRACTICE OF THE TREASURE COAST, P.A.</b>	
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Principal Place of Business <b>1905 S. 25 STREET STE 100 FT. PIERCE, FL 34947 US</b>	Mailing Address <b>1905 S. 25 STREET STE 100 FT. PIERCE, FL 34947 US</b>
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**DO NOT WRITE IN THIS SPACE**



07082004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0199126</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>ROBERTS, JAMES A 1905 S. 25 STREET STE 100 FT. PIERCE, FL 34947</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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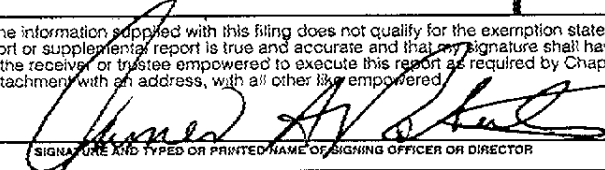
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>  000000169176 08/02/04-80013-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROBERTS, JAMES A 7973 SADDLEBROOK DR PORT ST LUCIE, FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>7/30/04</b> <small>Date</small>	 <small>Daytime Phone #</small>
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