


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # M76651</b>	
1. Entity Name <b>TAVARES FAMILY MEDICAL CENTER, INC.</b>	

Principal Place of Business <b>115 W BURLEIGH BLVD TAVARES, FL 32778 US</b>	Mailing Address <b>115 E BURLEIGH BLVD TAVARES, FL 32778 US</b>
--	--

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  <b>MAIR, KAREN L 1405 HILTOP DR MOUNT DORA, FL 32757</b>	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.	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 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	
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD MAIR, KAREN L 1405 HILTOP DR MOUNT DORA, FL 32757</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

700036552667  
05/18/04--01052--018 \*\*400.00

700036552667  
05/18/04--01052--019 \*\*150.00

12m  
5/13

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: <i>Karen L Mair</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	5-10-04 Date	352/343-1770 Daytime Phone #
--	-----------------	---------------------------------

FILED

2004 MAY 13 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03042003 No Chg-P GR2E034 (10/03)

4. FEI Number <b>59-2885318</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required