

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 MAY 13 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M76651 1. Entity Name TAVARES FAMILY MEDICAL CENTER, INC.	
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Principal Place of Business 115 W BURLEIGH BLVD TAVARES, FL 32778 US	Mailing Address 115 E BURLEIGH BLVD TAVARES, FL 32778 US
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DO NOT WRITE IN THIS SPACE



03042003 No Chg-P GR2E034 (10/03)

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

6. Name and Address of Current Registered Agent

MAIR, KAREN L
 1405 HILTOP DR
 MOUNT DORA, FL 32757

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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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD MAIR, KAREN L 1405 HILLTOP DR MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

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

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V2M
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: Karen L Mair 5-10-04 352/343-1770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #