2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M76651

FILED Apr 19, 2005 Secretary of State

Entity Name: TAVARES FAMILY MEDICAL CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

115 W BURLEIGH BLVD TAVERES, FL 32778 US

Current Mailing Address: New Mailing Address:

115 E BURLEIGH BLVD TAVARES, FL 32778 US

FEI Number: 59-2885318 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

MAIR, KAREN L
5506 TRIMBLE PARK ROAD
MOUNT DORA, FL 32757 US

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.

SIGNATURE: 04/19/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: PSTD (X) Change () Addition

Name: MAIR, KAREN L Name: MAIR, KAREN L

 Address:
 1405 HILLTOP DR
 Address:
 5506 TRIMBLE PARK ROAD

 City-St-Zip:
 MOUNT DORA, FL 32757
 City-St-Zip:
 MOUNT DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN L. MAIR PRES 04/19/2005