

DOCUMENT # M79510

1. Entity Name

MEADOWCREST FAMILY PRACTICE, P.A.

00000137



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-2901288	Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEGRAW, JOHN R.
6199 GULF TO LAKE HWY.
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent	
Name	John R. Degraw, President
Street Address (P.O. Box Number is Not Acceptable)	
3905 N Heranto Hwy	
City	Parrot Hills FL Zip Code 34015

SIGNATURE John R. DeMaw, Presid (DB) DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (Note: Registered Agent signature required when reinstating)

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGRAW JOHN R.	NAME	
STREET ADDRESS	6199 W. GULF LAKE HWY. 5915 W. GULF to Lake Hwy	STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKERT, JIM	NAME	
STREET ADDRESS	6199 W GULF TO LAKE HWY 5915 W. GULF to Lake Hwy	STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	CITY-ST-ZIP	
TITLE	Sec/Treasurer <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael D. Bays	NAME	
STREET ADDRESS	5915 W. GULF to Lake Hwy	STREET ADDRESS	
CITY-ST-ZIP	Crystal River FL 34429	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

SIGNATURE: John R. DeGraw, NO. President 1-11-2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 713 222 2222 (113)