

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90403 045 \*\*\*150.00

**DOCUMENT # M79510**

1. Entity Name  
**MEADOWCREST FAMILY PRACTICE, P.A.**



Principal Place of Business  
**5915 W GULF TO LAKE HWY  
CRYSTAL RIVER, FL 34429 US**

Mailing Address  
**5915 W GULF TO LAKE HWY  
CRYSTAL RIVER, FL 34429 US**

**50012380**



04132006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2901288**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6.-Name and Address of Current Registered Agent-

**DEGRAW, JOHN R.  
5915 W. GULF TO LAKE HWY  
CRYSTAL RIVER, FL 34429**

**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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PSTD
NAME	DEGRAW JOHN R.
STREET ADDRESS	5915 W. GULF LAKE HWY
CITY-ST-ZIP	CRYSTAL RIVER, FL
TITLE	VD
NAME	DICKERT, JIM
STREET ADDRESS	5915 W. GULF LAKE HWY
CITY-ST-ZIP	CRYSTAL RIVER, FL
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**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-13-06 352-795-0644**  
Date Daytime Phone #