


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N09353 1. Entity Name FLORIDA ASSOCIATION FOR AMBULATORY CARE, INC.	
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Principal Place of Business 805 COULTER PLACE BRANDON, FL 33511	Mailing Address 805 COULTER PLACE BRANDON, FL 33511
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DO NOT WRITE IN THIS SPACE



01092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2725983	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

WEINSTEIN, GARY S.
805 COULTER PL
BRANDON, FL 33511

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DICKEY, STEPHEN 500 N. WESTSHORE BL, #900 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD WEINSTEIN, GARY 805 COULTER PL BRANDON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, GREG D1750 N BROADWAY BARTOW, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/15/04-20042-017 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, 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

1/11/04 863-701-0222
Date Daytime Phone #