


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90010 021 ****61.25

DOCUMENT # N98000006364 1. Entity Name THE FLORIDA PHYSICIANS UNION, INC.					
Principal Place of Business 1730 KINGLEY AVE STE A ORANGE PARK, FL 32073			Mailing Address 1730 KINGLEY AVE STE A ORANGE PARK, FL 32073		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3544648	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BRENNAN, MANNA & DIAMOND MR. LEWIS HARPER, ESQ. 76 SOUTH LAURA STREET, STE 1700 JACKSONVILLE, FL 32202					
7. Name and Address of New Registered Agent Name Lewis W. Harper, PLLC Street Address (P.O. Box Number is Not Acceptable) 12627 San Jose Blvd. Suite 302 City Jacksonville FL Zip Code 32223					
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 <i>Lewis W. Harper</i> Signature, typed or printed name of registered agent and title if applicable.				DATE 2/12/04 (NOTE: Registered Agent signature required when reinstating)	
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STOREY, BEN M.D. <input type="checkbox"/> Delete 500 N. WASHINGTON AVE. TITUSVILLE, FL 32796		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AUSTIN, JAMES J M.D. <input type="checkbox"/> Delete 1700 SE HILLMOOR DRIVE, #501 PORT SAINT LUCIE, FL 34952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Autin, James J. M.D. 1700 SE Hillmoor Drive, #501 Port Saint Lucie, FL 34952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete HOLE, SUSAN.W.D.O. 346 N. RIDGEWOOD AVE., STE.A EDGEWATER, FL 32132		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete FREEDMAN, DONALD S M.D. 4063 SALISBURY RD SUITE 202 JACKSONVILLE, FL 32216		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <i>Tammy Fitzmartin</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 2/12/04 (904) 637-0060 Date Daytime Phone #	

54008230



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