2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# P00000003357

Entity Name: HERNANDO FAMILY PRACTICE CENTER, INC.

Current Principal Place of Business:

20 SO. BROAD STREET
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

20 SO. BROAD STREET
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: 59-3620057 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOGAN, THOMAS S JR.
20 SO. BROAD STREET
BROOKSVILLE, FL 34601

Name and Address of New Registered Agent:

THE HOGAN LAW FIRM, LLC
20 S. BROAD STREET
BROOKSVILLE, FL 34601

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: THOMAS S. HOGAN, JR. 04/20/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: AMARCHAND, LINGAPPA DR.
Address: 20 SO. BROAD STREET
City-St-Zip: BROOKSVILLE, FL 34601

Title: D ( ) Delete
Name: MEHTA, MUKESH DR.
Address: 20 SO. BROAD STREET
City-St-Zip: BROOKSVILLE, FL 34601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: AMARCHAND, LINGAPPA DR.
Address: 20 SO. BROAD STREET
City-St-Zip: BROOKSVILLE, FL 34601

Title: DVPS (X) Change ( ) Addition
Name: MEHTA, MUKESH DR.
Address: 20 SO. BROAD STREET
City-St-Zip: BROOKSVILLE, FL 34601

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: LINGAPPA AMARCHAND, M.D. P 04/20/2004
Electronic Signature of Signing Officer or Director Date