


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000059116 1. Entity Name COMPLETE CARE FAMILY PRACTICE, P.A.	
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Principal Place of Business 9891-4 SAN JOSE BLVD JACKSONVILLE, FL 32257	Mailing Address 9891-4 SAN JOSE BLVD JACKSONVILLE, FL 32257
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DO NOT WRITE IN THIS SPACE



02182004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3654083	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WARTENBERG, DAVID I
9891-4 SAN JOSE BLVD
JACKSONVILLE, FL 32257**

**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)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000136991 04/28/04-80103-007 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WARTENBERG, DAVID I MD 316 SOUTH BUCK BOARD DRIVE JACKSONVILLE, FL 32259
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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)(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 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]* **4/28/04** **904 836-7996**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #