

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000084918

1. Entity Name
EAST VOLUSIA FAMILY PRACTICE, P.A.



Principal Place of Business
**3911 S. NOVA RD.
PORT ORANGE, FL 32127**

Mailing Address
**3911 S. NOVA RD.
PORT ORANGE, FL 32127**



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3666235

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

**JENNINGS, LANE E M.D.
3911 S. NOVA RD.
PORT ORANGE, FL 32127**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.183(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOYE, RICAHRD H M.D.
STREET ADDRESS	3911 S. NOVA RD.
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	D
NAME	MARRESE, JR., ROXY M.D.
STREET ADDRESS	201 N. CLYDE MORRIS BLVD.
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	D
NAME	JENNINGS, LANE E M.D.
STREET ADDRESS	3911 S. NOVA RD.
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	D
NAME	MILCARSKY, EDWARD J M.D.
STREET ADDRESS	3911 S. NOVA RD.
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	D
NAME	HERNANDEZ, TERESA G M.D.
STREET ADDRESS	201 N. CLYDE MORRIS BLVD.
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/12/04-80024-021 198.75

**DO NOT WRITE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard H Boye, MD

7/1/04 386-322-0811