2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000031583

Entity Name: WESTSIDE FAMILY MEDICAL CENTER, P.A.

FILED Aug 09, 2005 Secretary of State

al Place of Business:	
ldress:	
able () Certificate of Status Desired ()	
Name and Address of New Registered Agent:	
registered office or registered agent, or both,	
 Date	

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: Title: () Delete (X) Change () Addition JOHNSON, JANET GIBSON Name: JOHNSON, JANET GIBSON Name: 1424 W TENNESSEE DT 1424 W TENNESSEE ST Address: Address: City-St-Zip: TALLAHASSEE, FL 32304 City-St-Zip: TALLAHASSEE, FL 32304

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: JANET GIBSON JOHNSON **PRES** 08/09/2005