

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000114475

FILED  
Jun 22, 2004  
Secretary of State

**Entity Name:** UNIVERSITY PHYSICIANS RESOURCES INC.

**Current Principal Place of Business:**

508 W. FLECHTER AVE.  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

508 W. FLECHTER AVE.  
TAMPA, FL 33612

**New Mailing Address:**

**FEI Number:** 59-3760476

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BALLINGER, SAMUEL  
2305 E. 136TH AVE.  
TAMPA, FL 33613 US

**Name and Address of New Registered Agent:**

CT CORPORATION  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US

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: PETER F. SOUZA

06/22/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BALLINGER, SAMUEL  
Address: 508 W. FLECHTER AVE.  
City-St-Zip: TAMPA, FL 33612

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ROBERT, REPPY D.O.  
Address: 2304 EAST FLETCHER AVE  
City-St-Zip: TAMPA, FL 33612 US

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: DR. ROBERT REPPY

PD

06/22/2004

Electronic Signature of Signing Officer or Director

Date