


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000037439 1. Entity Name FAMILY CARE ASSOCIATES AND MEDICAL RESEARCH CENTER, P.A.	
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Principal Place of Business 6856 103RD STREET JACKSONVILLE, FL 32210	Mailing Address 6856 103RD STREET JACKSONVILLE, FL 32210
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DO NOT WRITE IN THIS SPACE



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0663169	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HALE, LUCY S
6856 103RD STREET
JACKSONVILLE, FL 32210**

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

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	UN00000155838 05/05/04-80053-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DE LA HOZ, JAIRO A MD 6856 103RD STREET JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KRENZER, JEFFREY WAYNE MD 6856 103RD STREET JACKSONVILLE, FL 32210
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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:  **4.26.04** **904-778-3670**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #