


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90037 005 ***150.00

DOCUMENT # P02000037439 1. Entity Name FAMILY CARE ASSOCIATES AND MEDICAL RESEARCH CENTER, P.A.					
Principal Place of Business 6856 103RD STREET JACKSONVILLE FL 32210				Mailing Address 6856 103RD STREET JACKSONVILLE FL 32210	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HALE, LUCY S 6856 103RD STREET JACKSONVILLE FL 32210				Name MAUREEN KRENZER, R.N. - Street Address (P.O. Box Number is Not Acceptable) 6856 103RD ST City JACKSONVILLE FL Zip Code 32210	
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 <u>Maureen Krenzer, R.N.</u> MAUREEN KRENZER 3/22/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DE LA HOZ, JAIRO A MD 6856 103RD STREET JACKSONVILLE FL 32210 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KRENZER, JEFFREY WAYNE MD 6856 103RD STREET JACKSONVILLE FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Jeffrey W Krenzer MD</u> JEFFREY W KRENZER MD 3/15/05 904-778-3670 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



1st MOORE CR2E034 (10/04)