2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000089182

1. Entity Name
TRPKOVSKI PRIMARY CARE, P.A.

Principal Place of Business	Mailing Address
417 COMMERCIAL COURT SUITE A VENICE, FL 34292	417 COMMERCIAL COURT SUITE A VENICE, FL 34292

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip — Country	Zip — Country

FILED

04 OCT 15 AM 10: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09272004   Chg-P   CR2E034 (10/03)

4. FEI Number 74-3055999   Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TRPKOVSKI, TONY 1211 JACARANDA BLVD. VENICE, FL 34292	Name Street Address (P.O. Box Number is Not Acceptable) 417 COMMERCIAL COURT SUITE A City VENICE FL Zip Code 34292

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 X _____   9/29/04
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. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME TRPKOVSKI, TONY		NAME		
STREET ADDRESS 417 COMMERCIAL COURT SUITE A		STREET ADDRESS		
CITY-ST-ZIP VENICE, FL 34292		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition
NAME		NAME 700041947947		
STREET ADDRESS		STREET ADDRESS 10/18/04--01007--006 **150.00		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		

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: _____   9/29/04   941-485-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #