2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2005
Secretary of State

DOCUMENT# P03000060731

Entity Name: FAMILY MEDICINE OF BAY HILL, INC

Current Principal Place of Business:

7601 DELLA DR, STE 19
ORLANDO, FL 32819

New Principal Place of Business:

6068 APOPKA VINELAND RD
SUITE 9
ORLANDO, FL 32819

Current Mailing Address:

7601 DELLA DR, STE 19
ORLANDO, FL 32819

New Mailing Address:

6068 APOPKA VINELAND RD
SUITE 9
ORLANDO, FL 32819

FEI Number: 32-0077386 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEELE, JEFFEY S MD
3349 KING GEORGE DR
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PEELE, JEFFREY S
Address: 7601 BELLA DR., #19
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: PEELE, JEFFREY S MD
Address: 6068 APOPKA VINELAND RD, SUITE 9
City-St-Zip: ORLANDO, FL 32819

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: JEFFREY S. PEELE, MD PRES 08/04/2005

Electronic Signature of Signing Officer or Director Date