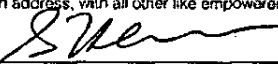


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

05-06-2004 90189 034 ***150.00

DOCUMENT # P03000066742					
1. Entity Name FAMILY MEDICINE SOLUTIONS, P.A.					
Principal Place of Business 515 W. STATE ROAD 434 SUITE 102 LONGWOOD, FL 32750			Mailing Address 515 W. STATE ROAD 434 SUITE 102 LONGWOOD, FL 32750		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 200088654	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAHAMAN, SULTAN H MD 515 W. STATE ROAD 434 SUITE 102 LONGWOOD, FL 32750				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	RAHAMAN, SULTAN H MD		NAME		
STREET ADDRESS	515 W. STATE ROAD 434 #102		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32750		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		
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: 		Sultan H. Rahaman		4/30/04 407 767 8006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Taxpayers Printed	

66425493



04182004 Chg-P CR2E034 (10/03)