


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90062 044 \*\*\*150.00

<b>DOCUMENT # P03000095598</b>	
1. Entity Name <b>FAMILY PHYSICIANS OF ALTAMONTE, INC.</b>	

Principal Place of Business <b>360 DOUGLAS AVE ALAMONTE SPRINGS, FL 32714</b>	Mailing Address <b>360 DOUGLAS AVE ALAMONTE SPRINGS, FL 32714</b>
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**66403581**



2. Principal Place of Business	3. Mailing Address <b>6320 OLD WINTER GARDEN ROAD</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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01072004 Chg-P CR2E034 (10/03)

City & State <b>ORLANDO FLORIDA</b>	4. FEI Number <b>59-3164234</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32835</b>	Country <b>ORANGE</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>MOON, WALTER R. 360 DOUGLAS AVE ALAMONTE SPRINGS, FL 32714</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 renaming) 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 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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

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: Indrajit Vyas **INDRAJIT VYAS** 1/14/04 407.293.2930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #