


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-20-2004 90062 048 ***150.00

DOCUMENT # P03000095606			
1. Entity Name FAMILY PHYSICIANS OF CASSELBERRY, INC.			
Principal Place of Business 946 E SEMORAN BLVD CASSELBERRY, FL 32707		Mailing Address 946 E SEMORAN BLVD CASSELBERRY, FL 32707	
2. Principal Place of Business		3. Mailing Address 6320 OLD WINTER GARDEN RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. ORLANDO FLORIDA	
City & State		City & State	
Zip	Country	Zip	Country
32835		ORANGE	
4. FEI Number 59-3164234		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOON, WALTER R 200 N PRIMROSE DR ORLANDO, FL 32803		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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>Indrajit Vyas</u>		INDRAJIT VYAS 1/14/04 407.293.2930	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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