

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-20-2004 90062 045 ***150.00

DOCUMENT # P03000095609 1. Entity Name FAMILY PHYSICIANS OF KISSIMMEE, INC.					
Principal Place of Business 505 W OAK ST STE 102 KISSIMMEE, FL 34741			Mailing Address 505 W OAK ST STE 102 KISSIMMEE, FL 34741		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 6320 OLD WINTER GARDEN ROAD Suite, Apt. #, etc. ORLANDO FL.			
City & State		City & State		01072004 Chg-P CR2E034 (10/03)	
Zip		Zip		4. FEI Number 59-3164234	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
32835		ORANGE			
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 retreating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	
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	
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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><i>[Signature]</i></u>			Date: <u>1/14/04</u> Daytime Phone #: <u>407. 293. 2930</u>		

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