

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-20-2004 90062 046 ***150.00

DOCUMENT # P03000095610					
1. Entity Name FAMILY PHYSICIANS OF OVIEDO, INC.					
Principal Place of Business 1000 W BROADWAY ST STE 203 OVIEDO, FL 32765			Mailing Address 1000 W BROADWAY ST STE 203 OVIEDO, FL 32765		
2. Principal Place of Business		3. Mailing Address 6320 OLD WINTER GARDEN ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State ORLANDO FLORIDA		4. FEI Number 59-3164234	
Zip		Country		Applied For Not Applicable	
Zip 32835		Country ORANGE		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			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Trust Fund Contribution.	
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	PRESIDENT INDRAJIT VHAS 8616 WHISTERING WILLOW CT ORLANDO FL. 32835	
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		
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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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)(f), 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 907, 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 Vhas</u>		INDRAJIT VHAS		1/14/04 407.293.2930	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	