FILED
May 19, 2005 8:00 am
Secretary of State

04-18-2005 90576 016 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000127606

1. Entity Name
FLOWER OF THE LAKE FAMILY PRACTICE P.A.

Principal Place of Business	Mailing Address
~~2000 PREVATT ST STE B-2~~ ~~EUSTIS, FL 32726~~	P O BOX 1688 EUSTIS, FL 32726

04152005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
720 N. Bay St			
Suite, Apt. #, etc.: Suite 5		Suite, Apt. #, etc.	
City & State: Eustis, Fl		City & State	
Zip: 32726	Country: USA	Zip	Country

4. FEI Number 550871787 APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAYDEN, MARGARET D O
~~2000 PREVATT ST STE B-2~~
~~EUSTIS, FL 32726~~
720 N Bay St
Suite 5
Eustis, Fl 32726

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 [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	D HAYDEN, MARGARET D O 2000 PREVATT ST STE B-2 EUSTIS, FL 32726	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 all address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #