

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90001 037 ***150.00

DOCUMENT # P03000146799

1. Entity Name

WEST MARION FAMILY MEDICINE, P.A.



Principal Place of Business

1870 ALOMA AVE STE 240
WINTER PARK FL 32789

Mailing Address

1870 ALOMA AVE STE 240
WINTER PARK FL 32789

2. Principal Place of Business

4600 SW 46th Ct

3: Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Building 200, Suite 160

City & State

Ocala FL

City & State

Zip

34474

Country

USA

Country

4. FEI Number

03-0534695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOFMEISTER, FRANK CPA
1870 ALOMA AVE STE 240
WINTER PARK FL 32789

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, 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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Michael ^{error} ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P Michael Rowley, MD ☐ Change ☒ Addition
829 SE 36th Lane
Ocala FL 34471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SIT Stephanie Walker, MD ☐ Change ☒ Addition
829 SE 36th Lane
Ocala FL 34471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Stephanie Walker MD Secretary/Treasurer 3/15/04 (321)297-3501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #