


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90206 008 ***158.75

DOCUMENT # P03000146799

1. Entity Name
WEST MARION FAMILY MEDICINE, P.A.



Principal Place of Business: **4600 SW 46TH CT BLDG 200 STE 160 OCALA FL 34474**

Mailing Address: **1870 ALOMA AVE STE 240 WINTER PARK FL 32789**



2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: **4600 SW 46th Ct**
 Suite, Apt. #, etc.: **Bldg 200 Ste 160**

City & State: **Ocala FL**

Zip: **34474** Country: **USA**

1st MOORE CR2E034 (10/05)

4. FEI Number: **03-0534695**

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

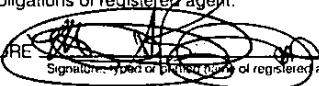
7. Name and Address of New Registered Agent

Name: **Michael Rowley MD**

Street Address (P.O. Box Number is Not Acceptable): **4600 SW 46th Ct**
Bldg 200 Ste 160

City: **Ocala** State: **FL** Zip Code: **34474**

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:  **Michael A. Rowley, M.D.** DATE: **26 APR 2006**

Signatures typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 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	P	<input type="checkbox"/> Delete
NAME	ROWLEY, MICHAEL MD	
STREET ADDRESS	829 SE 36TH LANE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WALKER, STEPHANIE MD	
STREET ADDRESS	829 SE 36TH LANE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  **secy/treas** Date: **4/26/06** (352) 873-6044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #