

# 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

3. Mailing Address

**4600 SW 46th Ct**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Bldg 200 Ste 160**

City & State

City & State

**Ocala FL**

Zip

Country

Zip

Country

**34474**

**USA**

1st MOORE

CR2E034 (10/05)

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

7. Name and Address of New Registered Agent

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

Name

**Michael Rowley MD**

Street Address (P.O. Box Number is Not Acceptable)

**4600 SW 46th Ct**

**Bldg 200 Ste 160**

City

**Ocala**

**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

Signature of officer or director of registered agent and title if applicable.

**Michael A. Rowley, M.D.**

(NOTE: Registered Agent signature required when reinstating)

**26 APR 2006**

DATE

**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** ☐ Delete  
NAME **ROWLEY, MICHAEL MD**  
STREET ADDRESS **829 SE 36TH LANE**  
CITY-ST-ZIP **OCALA FL 34471**

TITLE **ST** ☐ Delete  
NAME **WALKER, STEPHANIE MD**  
STREET ADDRESS **829 SE 36TH LANE**  
CITY-ST-ZIP **OCALA FL 34471**

TITLE **---** ☐ Delete  
NAME **---**  
STREET ADDRESS **---**  
CITY-ST-ZIP **---**

TITLE **---** ☐ Delete  
NAME **---**  
STREET ADDRESS **---**  
CITY-ST-ZIP **---**

TITLE **---** ☐ Delete  
NAME **---**  
STREET ADDRESS **---**  
CITY-ST-ZIP **---**

TITLE **---** ☐ Delete  
NAME **---**  
STREET ADDRESS **---**  
CITY-ST-ZIP **---**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE **---** ☐ Change ☐ 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:**

**Stephanie Walker**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**secy/treas**

**4/26/06**

**(352) 873-6044**

Date

Daytime Phone #