

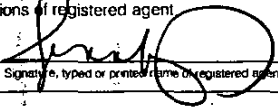
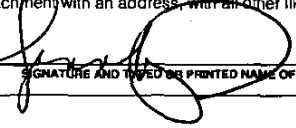


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-19-2005 90382 033 ***158.75

DOCUMENT # P04000059698 1. Entity Name SEMORAN PARK FAMILY PHYSICIANS, P.A.					
Principal Place of Business 2427 TREYMORE DR ORLANDO, FL 32825			Mailing Address 2427 TREYMORE DR ORLANDO, FL 32825		
2. Principal Place of Business 1277 N. Semoran Blvd. Suite, Apt. #, etc. Suite 104		3. Mailing Address 1277 N. Semoran Blvd. Suite, Apt. #, etc. Suite 104			
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number 20-0943104	
Zip 32807		Country United States		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEATHERFORD, WILLIAM P JR 1150 LOUISIANA AVE SUITE 4 WINTER PARK, FL 32789				7. Name and Address of New Registered Agent Name Jennifer L. Goldin, M.D. Street Address (P.O. Box Number is Not Acceptable) 2427 TreyMORE Dr City Orlando FL 32825	
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 				DATE 3/29/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE President / Owner <input type="checkbox"/> Delete NAME Jennifer L. Goldin STREET ADDRESS 2427 TreyMORE Dr CITY-ST-ZIP Orlando, FL 32825			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE PREVIOUS REGISTERED AGENT <input type="checkbox"/> Delete NAME WILLIAM P. WEATHERFORD, JR STREET ADDRESS 1150 LOUISIANA AVE, SUITE 4 CITY-ST-ZIP WINTER PARK, FL 32789			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete 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 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: 				DATE 3/28/05 407-447-7550	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					