

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


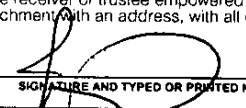
**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90067 047 \*\*\*150.00

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01102006 Chg-P CR2E034 (11/05)

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # P04000059698</b>   |  |   |   |  |  |
| 1. Entity Name<br>SEMORAN PARK FAMILY PHYSICIANS, P.A.   |  |   |   |   |  |
| Principal Place of Business<br>1277 N SEMORAN BLVD<br>STE 104<br>ORLANDO, FL 32807 US  |  |   | Mailing Address<br>1277 N SEMORAN BLVD<br>STE 104<br>ORLANDO, FL 32807 US   |   |  |
| 2. Principal Place of Business   |  |   | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.  |  |   | Suite, Apt. #, etc.   |   |  |
| City & State   |  |   | City & State  |   |  |
| Zip  | Country  | Zip   | Country   | 4. FEI Number<br>20-0943104   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |   | \$8.75 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br>GOLDIN, JENNIFER L M.D.<br>2427 TREYMORE DR<br>ORLANDO, FL 32825  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____   |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>GOLDWIN, JENNIFER L<br>2427 TREYMORE DR<br>ORLANDO, FL 32825 <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | GOLDIN, JENNIFER L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                              |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>WEATHERFORD, WILLIAM P JR<br>1150 LOUISIANA AVE STE 4<br>WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:    |  | Jennifer L. Goldin, MD  |   | 1/10/06 407-447-7850  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  | <small>Date</small>   |   | <small>Daytime Phone #</small>  |  |