


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90059 032 ***158.75

DOCUMENT # P04000074165	
1. Entity Name HOLMES FAMILY PRACTICE, P.A.	

Principal Place of Business 223 S. LAKE HOWARD DRIVE WINTER HAVEN, FL 33880	Mailing Address 223 S. LAKE HOWARD DRIVE WINTER HAVEN, FL 33880
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50013487

2. Principal Place of Business 374 Emerald Ave.	3. Mailing Address 221 Lake Howard Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LAKE WALES, FL	City & State WINTER HAVEN, FL
Zip 33853	Zip 33880-2831
Country POIK	Country POIK

01172005 Chg-P CR2E034 (10/03)

4. FEI Number Applied for IRS S-S	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
HOLMES, DAVID L 223 S. LAKE HOWARD DRIVE WINTER HAVEN, FL 33880	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLMES, DAVID L 223 S. LAKE HOWARD DRIVE WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: David L. Holmes (Pres) 1/18/05 863-291-4708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #