


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90076 027 ***158.75

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

Principal Place of Business 374 EMERALD AVE LAKE WALES FL 33853	Mailing Address 221 LAKE HOWARD DRIVE WINTER HAVEN FL 33880-2831
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2. Principal Place of Business 455 Emerald Ave Suite, Apt. #, etc.	3. Mailing Address 455 Emerald Ave Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State Lake Wales, FL	City & State Lake Wales, FL
Zip 33853	Country USA

4. FEI Number 331110847 APPLIED FOR	Applied For <input checked="" type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent HOLMES, DAVID L 223 S. LAKE HOWARD DRIVE WINTER HAVEN FL 33880	
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7. Name and Address of New Registered Agent Name DAVID L. Holmes Street Address (P.O. Box Number is Not Acceptable) 221 S. Lake Howard Drive City Winter Haven FL Zip Code 33880-2831	
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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. Mailing Address Change, Above...	
SIGNATURE David L. Holmes (Pres)	DATE 02/11/06

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. <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 P	<input checked="" type="checkbox"/> Delete	TITLE Holmes, David L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOLMES, DAVID L		NAME 221 S. Lake Howard Dr.	
STREET ADDRESS 223 S. LAKE HOWARD DRIVE		STREET ADDRESS Winter Haven, FL 33880-2831	
CITY-ST-ZIP WINTER HAVEN FL 33880		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: David L. Holmes (Pres)	DATE: 02/11/06	DAYTIME PHONE: 863-676-0014
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