

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000083538

FILED
Apr 03, 2005
Secretary of State

Entity Name: SOUTHLAKE FAMILY PRACTICE, P.A.

Current Principal Place of Business:

308 KINGSLEY LAKE DRIVE
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

308 KINGSLEY LAKE DRIVE
802
ST. AUGUSTINE, FL 32092

Current Mailing Address:

8730 HUNTERS CREEK DR S
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 20-1212753 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALUZA, MALGORZATA
8730 HUNTERS CREEK DR S
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,VP () Delete
Name: KALUZA, MALGORZATA
Address: 8730 HUNTERS CREEK DR S
City-St-Zip: JACKSONVILLE, FL 32256

Title: S,T () Delete
Name: KALUZA, PIOTR
Address: 8730 HUNTERS CREEK DR S
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MALGORZATA KALUZA

P,VP

04/03/2005

Electronic Signature of Signing Officer or Director

Date