

05/12/05 18:40 FAX 941-792-8803

JONES

FILED
May 24, 2005 8:00 am
Secretary of State

04-04-2005 90057 042 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000105098					
1. Entity Name GENESIS FAMILY MEDICINE, P.A.					
Principal Place of Business 4144 20TH STREET WEST BRANDENTON, FL 34205			Mailing Address 4144 20TH STREET WEST BRANDENTON, FL 34205		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 20-1344463				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PERRON, ANDRE R 2808 MANATEE AVE W BRANDENTON, FL 34205				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 _____ DATE _____					
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	OPT ☐ Delete				
NAME	JONES, MARCELLA P DOMPH				
STREET ADDRESS	4144 20TH STREET WEST				
CITY-ST-ZIP	BRANDENTON, FL 34205				
TITLE	S ☐ Delete				
NAME	PERRON, ANDRE R				
STREET ADDRESS	4144 20TH STREET WEST				
CITY-ST-ZIP	BRANDENTON, FL 34205				
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
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TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ 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: * <i>Marcella P Jones</i> 3/30/05 941 782 0540					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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