

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000049153	
1. Entity Name SPRUCE CREEK FAMILY CARE, P.A.	

Principal Place of Business 3875 S NOVA RD PORT ORANGE, FL 32127 US	Mailing Address 3875 S NOVA RD PORT ORANGE, FL 32127 US
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04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3184052	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DIETCH, MICHAEL M III 3875 S NOVA RD PORT ORANGE, FL 32127

**DO NOT WRITE
IN THIS SPACE**

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.

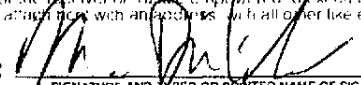
SIGNATURE _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees	U000000157968 05/07/04-80002-020 150.00
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10. OFFICERS AND DIRECTORS	
NAME DIETCH, MICHAEL M III STREET ADDRESS 3875 SOUTH NOVA ROAD CITY-STATE-ZIP PORT ORANGE, FL	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) Florida Statutes. I further certify that the information included 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 addendum with all other like empowered.

SIGNATURE:  **MICHAEL M. DIETCH III** 4/27/04 (386)322-9244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR