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	Mailing Address
3875 S NOVA RD PORT ORANGE, FL 32127 US	3875 S NOVA RD PORT ORANGE, FL 32127 US

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

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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.

SIGNATURE: _____ DATE
(If changing Registered Agent, Registered Agent must sign)

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

U00000157968
05/07/04-80002-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DIETCH, MICHAEL M III
STREET ADDRESS	3875 SOUTH NOVA ROAD
CITY-ST-ZIP	PORT ORANGE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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)(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: MICHAEL M. DIETCH III 4/27/4 (386)322-9244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #