


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90237 047 ***150.00

DOCUMENT # P93000086742		
1. Entity Name AMELIA FAMILY PRACTICE, INC.		

Principal Place of Business C/O HARVEY GRANGER 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE, FL 32207 US	Mailing Address C/O HARVEY GRANGER 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE, FL 32207 US
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14008654

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04142005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3215070	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GRANGER, HARVEY 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE, FL 32207		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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 NAME STREET ADDRESS CITY-ST-ZIP	DVS PARRETT, DONALD O. <input type="checkbox"/> Delete 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE, FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mayo, Jim <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1325 San Marco Blvd., Suite 902 Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THOMPSON, CAROL C <input type="checkbox"/> Delete 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE, FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Thompson, Carol C. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1325 San Marco Blvd., Suite 902 Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MALLY, EARL B <input type="checkbox"/> Delete 1325 SAN MARCO BLVD, STE 902 JACKSONVILLE, FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Granger, Harvey <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1325 San Marco Blvd., Suite 902 Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GRANGER, HARVEY <input type="checkbox"/> Delete 1325 SAN MARCO BLVD STE 902 JACKSONVILLE, FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Parrett, Donald O. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1325 San Marco Blvd., Suite 902 Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Harvey Granger **4/28/05** **904-202-5000**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #