


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2004 8:00 am**  
**Secretary of State**

05-11-2004 90075 046 \*\*\*158.75

<b>DOCUMENT # P94000009978</b>	
1. Entity Name <b>FLORIDA MEDICAL AND RESEARCH INSTITUTE, INC.</b>	

Principal Place of Business <b>222 S.W. 36 TERR STE. C GAINESVILLE, FL 32607</b>	Mailing Address <b>222 S.W. 36TH TER C GAINESVILLE, FL 32607</b>
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**24074305**



2. Principal Place of Business <b>6400 W. Newberry Road</b>	3. Mailing Address <b>6400 W. Newberry Road</b>
Suite, Apt. #, etc. <b>Suite 204</b>	Suite, Apt. #, etc. <b>Suite 204</b>
City & State <b>Gainesville, Fl.</b>	City & State <b>Gainesville, Fl.</b>
Zip <b>32605</b>	Country <b>U.S.</b>

03042003 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3221142</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>FLORIDA MEDICAL AND RESEARCH INS., PA 222 S.W. 36TH TERRACE, SUITE C GAINESVILLE, FL 32607</b>	7. Name and Address of New Registered Agent Name <b>Florida Medical and Research Ins., PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>6400 W. Newberry Road</b> <b>Suite 204</b> City <b>Gainesville, FL</b> Zip Code <b>32605</b>
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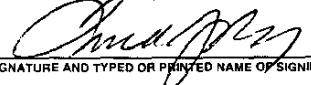
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	P KING, C. RICHARD 222 S.W. 36TH TERR., SUITE C GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P King, C. Richard 6400 W. Newberry Road, Suite 204 Gainesville, Fl. 32605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GROVER, LINDA 222 SW 36TH TERR SUITE C GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Grover, Linda 6400 W. Newberry Road, Suite 204 Gainesville, Fl. 32605 <input checked="" 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
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
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:**  **Linda Grover, MD** **5/10/04** **352-333-3885**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #