


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000059086

1. Entity Name
 FLORIDA INSTITUTE OF HEALTH FAMILY PHYSICIANS, INC.



Principal Place of Business 4420 W OAKLAND PARK BLVD LAUDERDALE LAKES, FL 33313 US	Mailing Address 4420 W OAKLAND PARK BLVD LAUDERDALE LAKES, FL 33313 US
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DO NOT WRITE IN THIS SPACE



03272005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0514806	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEEDS, ALEX
 4420 W OAKLAND PARK BLVD
 LAUDERDALE LAKES, FL 33313

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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 _____

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEEDS, ALEX 4420 W OAKLAND PARK BLVD LAUDERDALE LAKES, FL 33313
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 03/30/05-80031-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Alex Leeds 3/26/05 954-565 6916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #