

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000077822 1. Entity Name FLORIDA SPORTS AND FAMILY HEALTH CENTER, P.A.					
Principal Place of Business 591 OAK COMMONS BLVD. STE A KISSIMMEE FL 34741 US			Mailing Address 591 OAK COMMONS BLVD. STE A KISSIMMEE FL 34741 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3275101	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MARCHENA AND GRAHAM, P.A. 233 S. SAMORAN BLVD. ORLANDO FL 32807				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TORRES, JOSEPH L 591 OAK COMMONS BLVD. STE A KISSIMMEE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000307663 04/15/05-80063-020 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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)(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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/12/05 407935-1192 <small>Date Daytime Phone #</small>		