

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000088124

FILED  
Jul 08, 2004  
Secretary of State

**Entity Name:** NORTHEAST DOCTORS FAMILY DX CLINIC, P.A.

**Current Principal Place of Business:**

185 S. LAWRENCE BLVD  
KEYSTONE HEIGHTS, FL 32656 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1520  
KEYSTONE HEIGHTS, FL 32656 US

**New Mailing Address:**

**FEI Number:** 59-3276547

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VAN BRED, OMA  
185 S LAWRENCE BLVD  
KEYSTONE HEIGHTS, FL 32656 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DCV ( ) Delete  
Name: VAN BRED, OMA  
Address: 185 S. LAWRENCE BLVD  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: VPD ( ) Delete  
Name: VAN BRED, ARELIS  
Address: 185 S. LAWRENCE BLVD  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: PD ( ) Delete  
Name: VAN BRED, OMA  
Address: 185 S. LAWRENCE BLVD.  
City-St-Zip: KEYSTONE HTS, FL 32656

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: VAN BRED, OMA  
Address: 185 S. LAWRENCE BLVD  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** OMA VAN BRED

DCV

07/08/2004

Electronic Signature of Signing Officer or Director

Date