

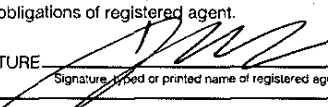
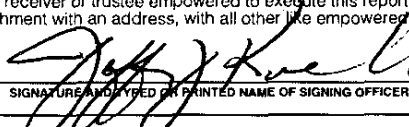


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90003 023 \*\*\*150.00

<b>DOCUMENT # P95000070876</b> 1. Entity Name FLORIDA AFFILIATED PHYSICIANS, INC.					
Principal Place of Business 14499 N DALE MABRY HWY #280 TAMPA, FL 33618 US				Mailing Address 13601 BRUCE B. DOWNS BLVD. STE 121 TAMPA, FL 33613	
2. Principal Place of Business <b>15320 AMBERLY DRIVE</b>		3. Mailing Address <b>15320 AMBERLY DRIVE</b>			
Suite, Apt. #, etc. <b>SUITE B</b>		Suite, Apt. #, etc. <b>SUITE B</b>			
City & State <b>TAMPA, FLORIDA</b>		City & State <b>TAMPA, FLORIDA</b>			
Zip <b>33647</b>		Zip <b>33647</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>59-3337139</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>FRAZIER, DANIEL W M.D.</b> <b>13601 BRUCE B. DOWNS BLVD. STE 121</b> <b>TAMPA, FL 33613</b>					
7. Name and Address of New Registered Agent Name <b>FRAZIER, DANIEL W., MD</b> Street Address (P.O. Box Number is Not Acceptable) <b>15320 AMBERLY DRIVE</b> City <b>SUITE B</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33647</b>					
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  <b>(DANIEL W. FRAZIER, MD)</b> <b>1/9/04</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> Delete			
NAME	<b>FRAZIER, DANIEL W M.D.</b>				
STREET ADDRESS	<b>13601 BRUCE B. DOWNS BLVD. STE 121</b>				
CITY-ST-ZIP	<b>TAMPA, FL 33613</b>				
TITLE	D	<input type="checkbox"/> Delete			
NAME	<b>WEISSMAN, MARK M.D.</b>				
STREET ADDRESS	<b>13601 BRUCE B. DOWNS BLVD. STE 121</b>				
CITY-ST-ZIP	<b>TAMPA, FL 33613</b>				
TITLE	D	<input type="checkbox"/> Delete			
NAME	<b>KOVALESKI, JEFFREY J</b>				
STREET ADDRESS	<b>14499 N DALE MABRY HWY #230</b>				
CITY-ST-ZIP	<b>TAMPA, FL 33618</b>				
TITLE	D	<input type="checkbox"/> Delete			
NAME	<b>LANE, WALTER M</b>				
STREET ADDRESS	<b>13301 N DALE MABRY HWY</b>				
CITY-ST-ZIP	<b>TAMPA, FL</b>				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>15320 AMBERLY DRIVE, SUITE B</b>				
STREET ADDRESS	<b>TAMPA, FLORIDA 33647</b>				
CITY-ST-ZIP	<b>TAMPA, FLORIDA 33647</b>				
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>15320 AMBERLY DRIVE, SUITE B</b>				
STREET ADDRESS	<b>TAMPA, FLORIDA 33647</b>				
CITY-ST-ZIP	<b>TAMPA, FLORIDA 33647</b>				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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:  <b>(JEFFREY J. KOVALESKI)</b> <b>1/9/04</b> <b>(813) 615 2540</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					