



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000070876</b>	
<b>1. Entity Name</b> FLORIDA AFFILIATED PHYSICIANS, INC.	

<b>Principal Place of Business</b> 15320 AMBERLY DRIVE SUITE B TAMPA, FL 33647 US	<b>Mailing Address</b> 15320 AMBERLY DRIVE SUITE B TAMPA, FL 33647 US
--	--

**DO NOT WRITE IN THIS SPACE**



01032005 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 59-3337139	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

FRAZIER, DANIEL W.M.D.  
15320 AMBERLY DRIVE  
SUITE B  
TAMPA, FL 33647

**DO NOT WRITE IN THIS SPACE**

**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 \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	P FRAZIER, DANIEL W.M.D. 15320 AMBERLY DRIVE SUITE B TAMPA, FL 33647
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D WEISSMAN, MARK M.D. 15320 AMBERLY DRIVE SUITE B TAMPA, FL 33647
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D KOVALESKI, JEFFREY J 15320 AMBERLY DRIVE SUITE B TAMPA, FL 33647
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D LANE, WALTER M 13301 N DALE MABRY HWY TAMPA, FL
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

U00000174227  
01/07/05-80050-003 150.00

**DO NOT WRITE IN THIS SPACE**

**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:**  **JEFFREY J. KOVALESKI** **1/4/05 (813) 615-2540**

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