2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000070876

1. Entity Name

FLORIDA AFFILIATED PHYSICIANS, INC.



Principal Place of Business

15320 AMBERLY DRIVE

SUITE B

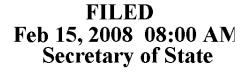
TAMPA, FL 33647 US

Mailing Address

15320 AMBERLY DRIVE

SUITE B

TAMPA, FL 33647 U





DO NOT WRITE IN THIS SPACE

02112008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3337139

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

TAMPA, FL 33647

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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.

Signature, typed or printed name of registered agent and little if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is truejand 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

CITY-ST-ZIP

SIGNING OFFICER OF DIRECTOR STORY T. KOVALESKI (D) 2/4/08 (8/3) 6/5-254L