


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

7/13

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-13-2004 90002 002 ***150.00

DOCUMENT # P96000022744		
1. Entity Name LAKE WASHINGTON FAMILY PRACTICE, P.A.		
Principal Place of Business 3140 SUNTREE BLVD STE 5 ROCKLEDGE, FL 32955		Mailing Address 3140 SUNTREE BLVD STE 5 ROCKLEDGE, FL 32955
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CRAWFORD, JOHN R 225 WATER STREET SUITE 800 JACKSONVILLE, FL 32202 1300 Riverplace Blvd, Ste 800 32201		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST AURAND, MD, JAMES A 3319 BURKELAND PLACE MELBOURNE, FL 32934	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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>		

00430006



07022004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3367239	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7/9/04 (321)242-7353