2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000028804

1. Entity Name
AMCARE FAMILY PRACTICE P.A.

Principal Place of Business	Mailing Address
6201 12TH ST. NORTH ST PETERSBURG, FL 33702	6201 12TH ST. NORTH ST PETERSBURG, FL 33702

DO NOT WRITE IN THIS SPACE

01242005   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-3444853	Applied For
	Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOSQUERA, BENJAMIN
6201 12TH ST. NORTH
ST PETERSBURG, FL 33702

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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 _Benjamin P. Mosquera_   _1-30-05_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOSQUERA, BENJAMIN
STREET ADDRESS	6201 12TH ST. NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 33702
TITLE	D
NAME	MOSQUERA, DOLORES
STREET ADDRESS	6201 12TH ST. NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 33702
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _Benjamin P. Mosquera_   _1-30-05_   _727-527-8590_

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