

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000069404

FILED
Apr 09, 2004
Secretary of State

Entity Name: FLORIDA INSTITUTE OF FAMILY MEDICINE, P.A.

Current Principal Place of Business:

1100 62ND AVENUE SOUTH
ST. PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

1100 62ND AVENUE SOUTH
ST. PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 59-3461148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORSTEIN, MARK B
1100 62ND AVENUE SOUTH
ST. PETERSBURG, FL 33705

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: NORSTEIN, MARK B
Address: 1100 62ND AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33705

Title: V () Delete
Name: MITCELL, GREGORY
Address: 4951 34TH ST S
City-St-Zip: ST PETE, FL 33711

Title: T () Delete
Name: PRAWER, JOEL
Address: 4951 34TH ST S
City-St-Zip: ST PETE, FL 33711

Title: V () Delete
Name: FINLEY, ROY
Address: 1100 62ND AVENUE S
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: V () Delete
Name: OLDENSKI, RICHARD
Address: 4951 34TH ST. S.
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: V () Delete
Name: COREY, EVANS
Address: 5101 BRITTANY DR. S
City-St-Zip: SAINT PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK B NORSTEIN

PS

04/09/2004

Electronic Signature of Signing Officer or Director

Date