

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000096292

FILED
Jan 21, 2004
Secretary of State

Entity Name: EAST ORLANDO FAMILY MEDICINE ASSOCIATES, P.A.

Current Principal Place of Business:

1975 S. ALAFAYA TRAIL
ORLANDO, FL 32828

New Principal Place of Business:

13000 AVALON LAKE DR
100
ORLANDO, FL 32828

Current Mailing Address:

1975 S. ALAFAYA TRAIL
ORLANDO, FL 32828

New Mailing Address:

13000 AVALON LAKE DR
100
ORLANDO, FL 32828

FEI Number: 59-3478093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HESS, GENE E
2881 OLD CASTLE DRIVE
WINTER PARK, FL 32792 US

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: HUDSON, GEORGE D.O.
Address: 1975 S. ALAFAYA TRAIL
City-St-Zip: ORLANDO, FL 32828

Title: VT () Delete
Name: MALLONEE, RONALD D.O.
Address: 1975 S. ALAFAYA TRAIL
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: HUDSON, GEORGE D.O.
Address: 13000 AVALON LAKE DR SUITE 100
City-St-Zip: ORLANDO, FL 32828

Title: VT (X) Change () Addition
Name: MALLONEE, RONALD D.O.
Address: 13000 AVALON LAKE DR
City-St-Zip: ORLANDO, FL 32828

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: GEORGE M. HUDSON, DO

PS

01/21/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date