

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000096448

FILED
Apr 18, 2005
Secretary of State

Entity Name: FAMILY MEDICINE SPECIALISTS, P.A.

Current Principal Place of Business:

THE CENTER FOR FAMILY MEDICINE
7359 CURRY FORD ROAD
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

7359 CURRY FORD RD
ORLANDO, FL 32822

New Mailing Address:

FEI Number: 59-3478452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CRUZ, HUMBERTO JR.
7359 CURRY FORD ROAD
ORLANDO, FL 32822 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: DPTS () Delete
Name: CRUZ, HUMBERTO JR.
Address: 7359 CURRY FORD RD
City-St-Zip: ORLANDO, FL 32822

Title: VC () Delete
Name: CRUZ, HUMBERTO JR.
Address: 7359 CURRY FORD RD
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: HUMBERTO CRUZ JR

DPTS

04/18/2005

Electronic Signature of Signing Officer or Director

Date