

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000100224

1. Entity Name
VOLUSIA FAMILY PRACTICE, P.A.



Principal Place of Business
1385 WEST GRANADA BOULEVARD
ORMOND BEACH, FL 32174

Mailing Address
27 SOUTHERN PINE TRAIL
ORMOND BEACH, FL 32174

2. Principal Place of Business
27 Southern Pine Trail

Suite, Apt. #, etc.

3. Mailing Address

City & State
Ormond Beach, FL

City & State

Zip 32174 Country USA

Zip

Country

6. Name and Address of Current Registered Agent

CARIDI, S
27 SOUTHERN PINE TR
ORMOND BCH, FL 32174

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME CARIDI, SALVATORE D.O.
STREET ADDRESS 1385 WEST GRANADA BOULEVARD
CITY-ST-ZIP ORMOND BEACH, FL 32174

Delete

TITLE D
NAME CARIDI, SALVATORE D.O.
STREET ADDRESS 27 SOUTHERN PINE TRAIL
CITY-ST-ZIP Ormond Beach, FL 32174

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

Daytime Phone #

**FILED
May 03, 2004 8:00 am
Secretary of State**

05-03-2004 90741 014 ***150.00