


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90083 014 ***158.75

DOCUMENT # P97000107069		
1. Entity Name FLORIDA MULTI SPECIALTY MEDICAL GROUP, PROFESSIONAL ASSOCIATION		

Principal Place of Business 4425 MERRIMAC AVE. #2 JACKSONVILLE, FL 32210 US	Mailing Address 4425 MERRIMAC AVE. #2 JACKSONVILLE, FL 32210 US
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34033107

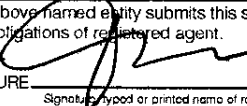


2. Principal Place of Business		3. Mailing Address P.O. Box 56586	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Jacksonville FL	
Zip	Country	Zip 32224	Country Duval

04132004 Chg-P CR2E034 (10/03)

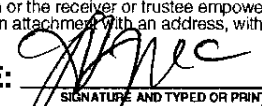
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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MCLERREN, TODD 4425 MERRIMAC AVE. #2 JACKSONVILLE, FL 32210		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 	DATE 4/13/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCLERREN, TODD P.O. BOX 56586 JACKSONVILLE, FL 322416586 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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	DATE 4/13/04 Daytime Phone #