


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90022 040 ***150.00

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1. Entity Name
BARROS FAMILY HEALTH CARE, P.A.



Principal Place of Business Mailing Address


1301 PLANTATION ISLAND DR SOUTH 1301 PLANTATION ISLAND DR SOUTH
 STE 102 B STE 102 B
 ST AUGUSTINE FL 32080 ST AUGUSTINE FL 32080

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number Applied For

59-3488583 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BARROS, ANA
 1690 U S 1 SOUTH STE C
 ST. AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name **Ana Barros**

Street Address (P.O. Box Number Not Acceptable)
1 DEPARTMENT OF STATE ONLY
 1301 PLANTATION ISLAND DR. SO. SUITE 102B

City **St. Augustine** FL Zip Code **32080**

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]* DATE **2/20/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	PSTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARROS, MELCHOR G M.D.	NAME	
STREET ADDRESS	1690 US1 SUITE C	STREET ADDRESS	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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]* DATE **3/2/04** DAYTIME PHONE **(904) 471-2593**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR