


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2005 8:00 am
Secretary of State


04-25-2005 90222 025 ***158.75

DOCUMENT # P98000010080	
1. Entity Name FAMILY PRACTICE CENTER OF PLANT CITY, P.A.	

Principal Place of Business 507 W ALEXANDER ST PLANT CITY, FL 33566	Mailing Address 507 W ALEXANDER ST PLANT CITY, FL 33566
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DO NOT WRITE IN THIS SPACE

66018274



02032005 No Chg-P CR2E034 (10/03)

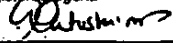
4. FEI Number 59-3491418	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GUTOWSKI, GREGG W MD
507 W. ALEXANDER ST.
PLANT CITY, FL 33566

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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 reissuing)

DATE


FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTOWSKI, GREGG W MD 507 W ALEXANDER ST PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARANKO, A J MD 507 W ALEXANDER ST PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O BASKIN, ROBERT N M.D. 507 W. ALEXANDER ST. PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O FORD, MARK M.D. 507 W. ALEXANDER ST. PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORTE, BRIAN J 507 W ALEXANDER ST PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **Gregg W. Gutowski** 5/19/05 687543504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #