

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # P98000011503

1. Entity Name
FAMILY MEDICAL CENTERS OF TAMPA BAY, P.A.



Principal Place of Business
**15901 N. FLORIDA AVENUE
SUITE D
LUTZ, FL 33549**

Mailing Address
**15511 N. FLORIDA AVENUE
SUITE D
TAMPA, FL 33613**



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3490518

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**IEZZI, ALAN J M.D.
15511 N. FLORIDA AVENUE
SUITE D
TAMPA, FL 33613**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000313297
04/18/05-80119-008 158.75

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **IEZZI, ALAN J M.D.**
STREET ADDRESS **15511 N. FLORIDA AVENUE SUITE D**
CITY-ST-ZIP **TAMPA, FL 33613**

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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)(f), 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:

Alan J. IZZI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05
Date

Daytime Phone #