## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 01, 2004 08:00 AM Secretary of State

ANNUAL KEPUK I								Secretary of State				
DOCUMENT # P98000072588  1. Entity Name FAMILY CARE CENTER OF BROOKSVILLE, P.A.								Secret	ary o	f Sta	ite	
Driver of Draw of Drawinson							4					
Principal Place of Business				Mailing Address								
14540 CORTEZ BLVD.				14540 CORTEZ BLVD.								
SUITE 118 BROOKSVILLE, FL 34613				SUITE 118 BROOKSVILLE, FL 34613								
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2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			03082004	Chg-P	CR2E03	34 (10/03)		
City & State				City & State			4. FEI Number 59-352			N	pplied For ot Applicable	
Ζīp	Zip Country		İ	! Zîp   Coun		ntry	5. Certificate		8.75 Adi ee Require			
6. Name and Address of Current F			Current Reg	egistered Agent			7. Name and	Address of New R		<u>'</u>		
					Name				-			
JACOBS, JERRY R 14560 CORTEZ BLVD.						Street Address (P.O. Box Number is Not Acceptable			<b>)</b>		<del></del>	
SUITE 118 BROOKSVILLE, FL 34613										·		
						City			FL	Zip Cod	le	
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 A							ad when reinstating)	·	DATE			
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be  Trust Fund Contribution.   Added to Fees												
10.	·····	OFFICER	S AND DIR	ECTORS	11,		ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	
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NAME	JACOBS, JERRT R				E		04/01/04-	-80022	·022 1	50 00		
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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.												
<b>SIGNAT</b>	URE: 🔼		4					4. / l				