2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000042785

1. Entity Name
FAMILY PHYSICIANS OF TAMPA, INC.

Principal Place of Business	Mailing Address
11531 N. 56TH ST. TAMPA, FL 33617	11531 N. 56TH ST. TAMPA, FL 33617

DO NOT WRITE IN THIS SPACE

04222004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3575076

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AROCHO, PEDRO M.D.
10503 CORY LAKE DR.
TAMPA, FL 33647

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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: Pedro Arocho MD 4/26/04
(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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AROCHO, PEDRO M.D.
STREET ADDRESS	10503 CORY LAKE DR.
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	ST
NAME	SANTIAGO, RAMON M.D.
STREET ADDRESS	17303 EQUESTRIAN TR.
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	D
NAME	WILBUR, JIMMIE JEAN M.D.
STREET ADDRESS	12300 QUAIL RIDGE DR.
CITY-ST-ZIP	BROOKSVILLE, FL 34610
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000129958
04/26/04-80059-020 150.00

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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.

SIGNATURE: Pedro Arocho MD 4/26/04 8139883447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #