

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90056 024 \*\*\*150.00

**DOCUMENT # P99000066096**

1. Entity Name

ASSOCIATES IN PRACTICE MANAGEMENT, INC.



Principal Place of Business

2907 W BAY TO BAY BLVD STE 101  
TAMPA FL 33629

Mailing Address

2907 W BAY TO BAY BLVD STE 101  
TAMPA FL 33629

34028427

2. Principal Place of Business

100 W. Kennedy Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite 650

City & State

Tampa FL

City & State

Zip

Country

33602

Country

Hillsborough

4. FEI Number

59-3589533

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOMAR, CARSON B JR.  
307 S BLVD STE A  
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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

TITLE DP ☐ Delete  
NAME BOMAR, CARSON B JR.  
STREET ADDRESS 2907 W BAY TO BAY BLVD STE 101  
CITY-ST-ZIP TAMPA FL 33629

TITLE DST ☐ Delete  
NAME REED, FREDERICK R JR  
STREET ADDRESS 307 S BLVD STE A  
CITY-ST-ZIP TAMPA FL 33606

TITLE DVP ☐ Delete  
NAME WILLETT, THOMAS K  
STREET ADDRESS 2907 W BAY TO BAY BLVD #101  
CITY-ST-ZIP TAMPA FL 33629

TITLE DVP ☐ Delete  
NAME WILLETT, KEITH  
STREET ADDRESS 2907 W BAY TO BAY BLVD #101  
CITY-ST-ZIP TAMPA FL 33629

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith A. Willett

Date

Daytime Phone #

4-4-04 813-229-0600