

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 20, 2005 8:00 am**  
**Secretary of State**

05-20-2005 90033 030 \*\*\*563.75

**DOCUMENT # P99000066528**

1. Entity Name  
**FAMILY MEDICINE, P.A.**



Principal Place of Business  
**1216 NW 22ND AVE  
GAINESVILLE, FL 32605**

Mailing Address  
**1216 NW 22ND AVE  
GAINESVILLE, FL 32605**

**DO NOT WRITE IN THIS SPACE**



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3586793**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MONTRICHARD, MAY E M.D.  
2121 N.W. 77 ST.  
GAINESVILLE, FL 32605**

**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 \_\_\_\_\_ (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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MONTRICHARD, MAY E M.D.
STREET ADDRESS	2121 N.W. 77 ST.
CITY - ST - ZIP	GAINESVILLE, FL 32605
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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:** *May E. Montrichard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5-17-05*

Date Daytime Phone #