2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000082855

Entity Name: BERNIER FAMILY PRACTICE AND ASSOCIATES, P.A.

Apr 27, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

750 HARRISON AVE 2101 NORTHSIDE DRIVE PANAMA CITY, FL 32401

UNIT 702

PANAMA CITY, FL 32405

Current Mailing Address: New Mailing Address:

750 HARRISON AVE 2101 NORTHSIDE DRIVE PANAMA CITY, FL 32401 **UNIT 702**

PANAMA CITY, FL 32405

FEI Number: 59-3601058 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BERNIER, ARACELIA BERNIER, ARACELIA 750 HARRISION AVE 2101 NORTHSIDE DRIVE PANAMA CITY, FL 32401 US **UNIT 702**

PANAMA CITY, FL 32405 US

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.

SIGNATURE: 04/27/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title:

BERNIER, ARACELIA BERNIER, ARACELIA Name: Name:

750 HARRISION AVE Address: 2101 NORTHSIDE DRIVE (UNIT 702) Address:

City-St-Zip: PANAMA CITY, FL 32401 City-St-Zip: PANAMA CITY, FL 32405

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARACELIA BERNIER 04/27/2004 DR.

Electronic Signature of Signing Officer or Director

Date