


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90006 006 ***150.00

DOCUMENT # S01517. 1. Entity Name FOLKMAN'S FAMILY PRACTICE AND ASSOCIATES, P.A.																							
Principal Place of Business 8313 W HILLS BOROUGH AVE BLDG #300 TAMPA FL 33615 US			Mailing Address 8313 W HILLS BOROUGH AVE BLDG #300 TAMPA FL 33615 US																				
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 6911 PISTOL RANGE ROAD Suite, Apt. #, etc. 102 City & State TAMPA, FL Zip 33635 Country HILLS.																					
4. FEI Number 59-3028091			Applied For <input type="checkbox"/> Not Applicable																				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			6. Name and Address of Current Registered Agent FOLKMAN, LAURIE J. M.D. 8313 W HILLS BOROUGH AVE BLDG #300 TAMPA FL 33615																				
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6911 PISTOL RANGE ROAD Suite 102 City TAMPA FL Zip Code 33635			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 <u><i>Laurie J. M.D.</i></u> DATE <u>2/1/04</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																				
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. <input type="checkbox"/> \$5.00 May Be Added to Fees																				
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>FOLKMAN, LAURIE J. M.D.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>3700 PRESIDENTIAL DRIVE PALM HARBOR FL 34685</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	FOLKMAN, LAURIE J. M.D.		CITY-ST-ZIP	3700 PRESIDENTIAL DRIVE PALM HARBOR FL 34685		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #