## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an

SIGNATURE:

## Apr 01, 2004 8:00 am Secretary of State DOCUMENT # S01517. 1. Entity Name 04-01-2004 90006 006 \*\*\*150.00 FOLKMAN'S FAMILY PRACTICE AND ASSOCIATES, Principal Place of Business Mailing Address 8313 W HILLS BOROUGH AVE BLDG #300 8313 W HILLS BOROUGH AVE BLDG #300 54020040 TAMPA FL 33615 **TAMPA FL 33615** 2. Principal Place of Business 3. Mailing Addre Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) 100 Applied For City & State City & State 4. FEI Number 59-3028091 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ HULS Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FOLKMAN, LAURIE J. M.D. Street Address (P.O. Box Number is Not Acceptable) 8313 W HILLS BOROUGH AVE BLDG #300 15006 TAMPA FL 33615 City pose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the the obligations of registered age (lu (NOTE. Registered Agent signature required when reinstating) Signature Avped or pr it and title if applicable FILE NOW!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11 ☐ Addition TITLE ☐ Delete TITLE FOLKMAN, LAURIE J. M.D. NAME NAME 3700 PRESIDENTIAL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34685 CITY-ST-ZIP Delete ☐ Chance Addition TITLE TITLE FOLKMAN, RONALD D. NAME NAME STREET ADDRESS STREET ADDRESS 3700 PRESIDENTAL DRIVE CITY-ST-ZIP PALM HARBOR FL 34685 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

other like empowered.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

May M.D

FILED