


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90033 047 ***150.00

DOCUMENT # S88858					
1. Entity Name FIRST CARE MEDICAL CENTERS, P.A.					
Principal Place of Business 12995 SOUTH CLEVELAND AVENUE SUITE 184 FT. MYERS, FL 33907			Mailing Address 12995 SOUTH CLEVELAND AVENUE SUITE 184 FT. MYERS, FL 33907		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0291420	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOWARD, JOSEPH G 12995 S. CLEVELAND AVE. STE. 184 FT MYERS, FL 33907			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 _____ (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DST		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, JEFFREY LEE		NAME		
STREET ADDRESS	5802 TALLOWOOD CIR		STREET ADDRESS	6099 SPOTTED FAWN COURT	
CITY-ST-ZIP	FT MYERS, FL		CITY-ST-ZIP	FT MYERS, FL 33908	
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOWARD, JOSEPH G		NAME		
STREET ADDRESS	623 S.W. 53RD TERRACE		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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)(l), 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: <u>Jeffrey L. Williams</u> <u>JEFFREY L. WILLIAMS</u> <u>1/19/04 239-939-2201</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					