
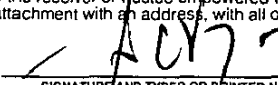


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90220 008 ***150.00

| | | | | | |
|---|---|--|---|---|--|
| DOCUMENT # V08254 1. Entity Name ASSOCIATED FAMILY MEDICINE II, P.A. | | | |  | |
| Principal Place of Business 501 W STATE RD 434 PHYSICIAN PLAZA STE 101 LONGWOOD, FL 32750 | | | Mailing Address PO BOX 915201 LONGWOOD, FL 32791-5201 | | |
| 2. Principal Place of Business 515 W. S.R. 434 Suite, Apt. #, etc. 110 | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State LONGWOOD FL | | City & State | | 4. FEI Number 59-3106061 | |
| Zip 32750 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KEIDAISH, PHILIP F., JR. SUITE 800 505 WEKIVA SPRINGS ROAD LONGWOOD, FL 32779 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 reinstalling) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP | PD VYAS, ZABUNNISA 705 W SR 434 STE E LONGWOOD, FL 32750 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V VYAS, SUREE 705 W SR 434 STE E LONGWOOD, FL 32750 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 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:  | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date 4/28/05 Daytime Phone # | | | | | |