## FILED 2004 FOR PROFIT CORPORATION ANNUAL REPORT Apr 26, 2004 08:00 AM Secretary of State **DOCUMENT # V71434** 1. Entity Name APOPKA FAMILY MEDICINE, INC. Principal Place of Business Mailing Address 205 NORTH PARK AVENUE, SUITE #108 P O BOX 915201 APOPKA, FL 32703 LONGWOOD, FL 32791 04132004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3146075 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FILINGS, INC. DO NOT WRITE 3732 NW 16TH ST FT LAUDERDALE, FL 33311 IN THIS SPACE 3. 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. Signature, typed or pented name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DP VYAS, SUREE NAME STREET ADDRESS 705 W. STATE RD 434 , STE E 000000129620 04/26/04-80085-024 150.00 CITY-ST-7IP LONGWOOD, FL 32750 TITLE STREET ADDRESS CITY-\$T-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 trusted 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 within other like empowered.

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STREET ADDRESS CITY-ST-ZIP

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SUREE VYAS

4-21-04

Daytime Phone 6