




**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P00000001628</b> 1. Entity Name PACE BOULEVARD FAMILY PRACTICE, P.A.		
Principal Place of Business 1500 NORTH PACE BOULEVARD PENSACOLA, FL 32505	Mailing Address 1500 NORTH PACE BOULEVARD PENSACOLA, FL 32505	
<b>DO NOT WRITE IN THIS SPACE</b>		
 03292004 No Chg-P CR2E034 (10/03)		
4. FEI Number 59-3619842		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  JONES, ANGELA J 77 JONES AVENUE MILTON, FL 32570		<b>DO NOT WRITE          IN THIS SPACE</b>
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 registering.) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENLEE, SAMUEL R 1500 NORTH PACE BOULEVARD PENSACOLA, FL 32505	U00000151712 05/04/04-80057-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>DO NOT WRITE          IN THIS SPACE</b>
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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.		
<b>SIGNATURE:</b>  <b>Sam Greenlee, M.D.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>04/30/2004</u> <small>Director Phone #</small>