

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 16 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # P94000041644 (3)

1. Corporation Name
PRIMARY CARE REAL ESTATE, INC.



| | |
|------------------------------------------------------------------------|-----------------------------------------------------------------|
| Principal Place of Business 1211 JACARANDA BLVD. VENICE FL 34292 | Mailing Address 1211 JACARANDA BLVD. VENICE FL 34292-4520 |
|------------------------------------------------------------------------|-----------------------------------------------------------------|

| | |
|-------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified 06/03/1994 | 3a. Date of Last Report 06/28/1996 |
|-------------------------------------------------|---------------------------------------|

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|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------|-------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | 4. FEI Number 65-0497475 | Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------|-------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|

9. Name and Address of Current Registered Agent

MACRIS, STEVEN W
609 S. TAMiami TRAIL
VENICE FL 34285

10. Name and Address of New Registered Agent

| | | | | | |
|---------|-------------------------------------------------------|----|---------|----|-------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City | FL | 85 Zip Code |
|---------|-------------------------------------------------------|----|---------|----|-------------|

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RIESZ, JANENE M | 1.2 NAME | |
| STREET ADDRESS | 1211 JACARANDA BLVD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | VENICE FL 34292 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NAVARRO, ARMANDO | 2.2 NAME | |
| STREET ADDRESS | 1211 JACARANDA BLVD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | VENICE FL 34292 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAMALE, RICHARD G | 3.2 NAME | |
| STREET ADDRESS | 1211 JACARANDA BLVD. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | VENICE FL 34292 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | <i>Raul Holguin</i> | 4.2 NAME | <i>RAUL HOLGUIN</i> |
| STREET ADDRESS | <i>1211 Jacaranda Blvd.</i> | 4.3 STREET ADDRESS | <i>1211 JACARANDA BLVD</i> |
| CITY-ST-ZIP | <i>Venice, FL 34292</i> | 4.4 CITY-ST-ZIP | <i>VENICE, FL. 34292</i> |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

44-97 (941) 492-2212
Date _____ Daytime Phone # _____

CR2E034 (9/96)