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FILED

Feb 14 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000012256 (9)

1. Corporation Name

PRIMED HEALTH CARE, P.A.



Principal Place of Business

911 OAK STREET  
KISSIMMEE FL 34741

Mailing Address

911 OAK STREET  
KISSIMMEE FL 34741-4941

3. Date Incorporated or Qualified

02/08/1996

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City &amp; State

27

City &amp; State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEL Number

59-3364426

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees6. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TORRES, JOSEPH L M.D.  
205 PARK PLACE BLVD., STE. 105  
KISSIMMEE FL 34741

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETENAME BAUTISTA, MARIN M.D.  
STREET ADDRESS 1980 OSCEOLA PKWY.  
CITY-ST-ZIP KISSIMMEE FL 34743

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ AdditionTITLE D ☐ DELETENAME TORRES, JOSEPH M.D.  
STREET ADDRESS 205 PARK PLACE DRIVE, SUITE 105  
CITY-ST-ZIP KISSIMMEE FL 34741

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ AdditionTITLE D ☐ DELETENAME JIMENEZ, RAFAEL M.D.  
STREET ADDRESS 808 W. OAK STREET  
CITY-ST-ZIP KISSIMMEE FL 34741

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ AdditionTITLE D ☐ DELETENAME FRAME, EDWARD M.D.  
STREET ADDRESS 201 HILDA STREET, SUITE 20  
CITY-ST-ZIP KISSIMMEE FL 34741

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ AdditionTITLE D ☐ DELETENAME BURGOS, RONALD M.D.  
STREET ADDRESS 1980 OSCEOLA PKWY  
CITY-ST-ZIP KISSIMMEE FL 34743

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ AdditionTITLE D ☐ DELETENAME ARVELO, GUSTAVO M.D.  
STREET ADDRESS 505 W. OAK STREET, SUITE 10  
CITY-ST-ZIP KISSIMMEE FL 34741

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (9/96)