

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000012256

1. Entity Name
PRI-MED HEALTH CARE, P.A.



Principal Place of Business
804 N ROSE AVENUE
KISSIMMEE, FL 34741 US

Mailing Address
804 N ROSE AVENUE
KISSIMMEE, FL 34741 US



03032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3364426

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JIMENEZ, RAFAEL M.D.
804 N ROSE AVENUE
KISSIMMEE, FL 34741

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME JIMENEZ, RAFAEL M.D.
STREET ADDRESS 804 N ROSE AVENUE
CITY - ST - ZIP KISSIMMEE, FL 34741

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000094392
03/22/04-80058-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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: X

Rafael Jimenez, MD.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/04 407-518-7995