

**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

97 FEB -4 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  
**\$ 203.75** Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** L94000000558

PRIMARY CARE ASSOCIATES, P.L.  
1846 TAMIAMI TRAIL  
SUITE 12  
VENICE FL 34293

1a. Principal Place of Business Address

1846 TAMIAMI TRAIL  
SUITE 12  
VENICE FL 34293

*MWB*

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

10/17/1994

FL

4. FEI Number

☐ Applied For

☐ Not Applicable

65-0526749

5. Date of Last Report

6. Certificate of Status Desired

03/04/1996

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

CISLO, DAVID G  
1846 S. TAMIAMI TRAIL  
STE. 12  
VENICE FL 34293

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

**FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	BABIAK, CRISTINA MD	1872 S. TAMIAMI TRAIL, SUI	VENICE FL
MGRM	CISLO, DAVID G MD	12749 SOUTH TAMIAMI TRAIL	NORTH PORT FL
MGRM	<i>GRIMM</i> WISTOBEDEZKI, AMY	1846 S. TAMIAMI TRAIL	VENICE FL
MGRM	NAVARRO, ARMANDO MD	1211 JACARANDA BLVD.	VENICE FL
MGRM	RIESZ, RONALD MD	1211 JACARANDA BLVD.	VENICE FL
MGRM	SAMALE, RICHARD G MD	1211 JACARANDA BLVD.	VENICE FL

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\*\*\*203.75 \*\*\*203.75

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #