

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2004 8:00 am
Secretary of State

09-14-2004 90001 036 ****61.25

DOCUMENT # N03000003108



1. Entity Name
PRIMARY CARE MEDICAL SERVICES OF POINCIANA, INC.

Principal Place of Business
**1875 BOGGY CREEK ROAD
KISSIMMEE, FL 34744**

Mailing Address
**1875 BOGGY CREEK ROAD
KISSIMMEE, FL 34744**

54072865



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07132004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

75 3147007

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARRY, MARY ANN
614 KOALA COURT
KISSIMMEE, FL 34759**

Name

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

City

FL

Zip Code

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

Mary Ann Barry *MARY ANN BARRY Chairperson* *7/13/04*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	BARRY, MARY ANN	
STREET ADDRESS	614 KOALA COURT	
CITY-ST-ZIP	KISSIMMEE, FL 34759	
TITLE	VC	<input type="checkbox"/> Delete
NAME	BRAUER, BERNADETTE	
STREET ADDRESS	240 CHURCHILL COURT	
CITY-ST-ZIP	KISSIMMEE, FL 34758	
TITLE	T	<input type="checkbox"/> Delete
NAME	KATAN, DAVID	
STREET ADDRESS	316 FERRARA COURT	
CITY-ST-ZIP	KISSIMMEE, FL 34758	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOAD, KEITH	
STREET ADDRESS	1902 ISLAND CIRCLE., #202	
CITY-ST-ZIP	KISSIMMEE, FL 34741	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATSON, ARNIM	
STREET ADDRESS	707 TOLTEC PL	
CITY-ST-ZIP	KISSIMMEE, FL 34758	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELISLE, WILDA	
STREET ADDRESS	856 E. FLAG LANE	
CITY-ST-ZIP	KISSIMMEE, FL 34759	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY		
TITLE	Jennifer/Val, ^{Chairperson} Chair	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	When the v comes	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY	to please send it	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	to : Division of	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Corporations	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. Box 1500	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY	Tallahassee, FL.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Thanks, etc 32302-1500	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY		

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 617, 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: *Mary Ann Barry* *Chairperson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/14/04 *4075727537*

Attachment

#N03000003108

54072865

STATE OF FLORIDA
DEPARTMENT OF HEALTH, OSCEOLA CHD

PURCHASE ORDER

PO NO: S 6449 HW0027

ISSUE DATE: JULY 23, 2004

PO NUMBER MUST APPEAR ON ALL CORRESPONDENCE,
SHIPMENTS, AND INVOICES. SEE REVERSE SIDE FOR
ADDITIONAL TERMS AND CONDITIONS.

SHIP TO: ADMINISTRATION
1875 BOGGY CREEK RD
KISSIMMEE

FL 34744

INVOICE TO: DEPT. OF HEALTH, OSCEOLA CHD
ATTN: ACCOUNTS PAYABLE
1875 BOGGY CREEK ROAD
KISSIMMEE FL 34744

VENDOR (NOT TRANSFERABLE)

DEPARTMENT OF STATE DIVISION OF
BUREAU OF ARCHIVES AND RECORDS
409 EAST GAINES STREET
MS #11A
TALLAHASSEE

FL 32399-0250

VEN#: F593466865001
CMBE: B
BID/QUOTE/CONT NO:

DO NOT ORDER FROM THIS FORM

THIS IS YOUR:

CONFIRMATION ONLY

STATE SALES TAX EXEMPT

FOB: DESTINATION

FGT: FRT INCLUDED IN PRICE

P.O. LINE	COMMODITY CODE/DESCRIPTION	QUANTITY AND UNIT	UNIT PRICE	EXTENDED TOTAL
1	973 900 000 0000 THIS IS A FEE TO FILE A NOT-FOR-PROFIT ANNUAL REPORT FOR PRIMARY-CARE MEDICAL SERVICES OF POINCIANA. THEY DO NOT ACCEPT THE PURCHASING CARD! P-REQ. # 04-06196 ADMINISTRATION/DIANE DAVIS DELIVER ON OR BEFORE: 08/06/2004 PURCHASE CODE: P INFORMAL BID	1	\$61.250 0.000% DISC TAKEN	\$61.25
TOTAL				\$61.25

REQ NO
NONE

ORIGINATOR

P.A. / TELEPHONE

RAYMOND A. PLUMMER

407-343-2010

---ORG. CODE---EO VR OBJECT
64 36 49 61 000 CM 01 493000

ENCUMBRANCE ---
\$61.25

AMOUNT:

\$61.25 F593466865 001 S 6449 HW0027

VENDOR NO

P/O NUMBER

BY:

AS AGENT FOR ABOVE NAMED GOVERNMENT ENTITY

1 *****

***** END OF PURCHASE ORDER, LINE ITEM COUNT:

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Date

Daytime Phone #