

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000052570

Entity Name: PRIMARY CARE OF VENICE, INC.

Current Principal Place of Business:

1211 JACARANDA BLVD.
VENICE, FL 34292

Current Mailing Address:

1211 JACARANDA BLVD.
VENICE, FL 34292

FEI Number: 65-1016101

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NAVARRO, ARMANDO
1211 JACARANDA BLVD.
VENICE, FL 34292 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name NAVARRO, ARMANDO
Address 1211 JACARANDA BLVD
City-State-Zip: VENICE FL 34292

Title D
Name HOLGUIN, RAUL
Address 1211 JACARANDA BLVD
City-State-Zip: VENICE FL 34292

Title D
Name ROSS, IRA
Address 1211 JACARANDA BLVD
City-State-Zip: VENICE FL 34292

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: IRA ROSS

DIRECTOR

02/26/2014

Electronic Signature of Signing Officer/Director Detail

Date