

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000061672

Entity Name: PRIMARY CARE ASSOCIATES, P.A.

Current Principal Place of Business:

8483 SOUTH US 1 SUITE 19
PORT ST LUCIE, FL 34952

Current Mailing Address:

8483 SOUTH US 1 SUITE 19
PORT ST LUCIE, FL 34952

FEI Number: 47-0920806

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEHAN, RAVI DR.
8483 SOUTH US 1 SUITE 19
PORT ST LUCIE, FL 34952 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 CEO/DIRECTOR
Name MEHAN, RAVI DR.
Address 8483 SOUTH US 1 SUITE 19
City-State-Zip: PORT ST LUCIE FL 34952

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: RAVI MEHAN

CEO

01/20/2014

Electronic Signature of Signing Officer/Director Detail

Date