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: GARY J MERLINO

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P95000086989

Entity Name: PRIMARY CARE PHYSICIANS GROUP, INC.

Current Principal Place of Business:

4308 ALTON ROAD SUITE 310 MIAMI BEACH, FL 33140

Current Mailing Address:

4308 ALTON ROAD SUITE 310 MIAMI BEACH, FL 33140 US

FEI Number: 65-0622370

Name and Address of Current Registered Agent:

MERLINO, GARY I DR. 4308 ALTON ROAD SUITE 310 MIAMI BEACH, FL 33140 US

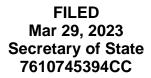
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	GARY J. MERLINO			03/29/2023
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PTD, TREASURER	Title	VSD, SECRETARY	
Name	MERLINO, GARY J DR.	Name	DEL VALLE, ALEJANDRO DR.	
Address	4308 ALTON ROAD SUITE 310	Address	4308 ALTON ROAD SUITE 310	
City-State-Zip:	MIAMI BEACH FL 33140	City-State-Zip:	MIAMI BEACH FL 33140	

Certificate of Status Desired: No

PRESIDENT

03/29/2023



Date