

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 536531

FILED
Jan 07, 2009
Secretary of State

Entity Name: PRIMARY CARE PHYSICIANS OF HOLLYWOOD, P.A.

Current Principal Place of Business:

CAPRICCIO PLAZA
2488 N. UNIVERSITY DR
PEMBROKE PINES, FL 33024 US

Current Mailing Address:

CAPRICCIO PLAZA
2488 N. UNIVERSITY DR
PEMBROKE PINES, FL 33024 US

FEI Number: 59-1757296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAUL SALVER
2721 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

New Principal Place of Business:

CAPRICCIO PLAZA
2488 N. UNIVERSITY DR
PEMBROKE PINES, FL 33024 US

New Mailing Address:

CAPRICCIO PLAZA
2488 N. UNIVERSITY DR
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MEZERHANE, MIGUEL M.D.
Address: CAPRICCIO PLAZA, 2488 N. UNIVERSITY DR
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: D (X) Delete
Name: ISSA, MOISES M.D.
Address: CAPRICCIO PLAZA, 2488 N. UNIVERSITY DR
City-St-Zip: PEMBROKE PINES, FL 33024 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ISSA, MOISES M.D.
Address: CAPRICCIO PLAZA, 2488 N. UNIVERSITY DR
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MOISES ISSA

D

01/07/2009

Electronic Signature of Signing Officer or Director

Date