

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 536531

FILED  
Feb 01, 2012  
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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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

**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

**OFFICERS AND DIRECTORS:**

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

Title: D  
Name: FERNANDEZ-BLAY, ROBERTO C  
Address: 2488 N. UNIVERSITY DR.  
City-St-Zip: PEMBROKE PINES, FL 33024 US

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: MOISES ISSA

D

02/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date