

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 615630

FILED
Jun 18, 2012
Secretary of State

Entity Name: PRIMARY CARE CENTER OF PORT ORANGE, INC.

Current Principal Place of Business:

4770 RIDGEWOOD AVE
SUITE 1
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

4770 RIDGEWOOD AVE
SUITE 1
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 59-1893277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, JON C
4770 RIDGEWOOD AVE
PORT ORANGE, FL 32127 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: MD
Name: JACKSON, JON C
Address: 4770 RIDGEWOOD AVE
City-St-Zip: PORT ORANGE, FL 32127

Title: VST
Name: JACKSON, JON C
Address: 4770 RIDGEWOOD AVE
City-St-Zip: PORT ORANGE, FL

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: JON JACKSON

OWNE

06/18/2012

Electronic Signature of Signing Officer or Director

Date