

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000004324 (7)**

1. Corporation Name

**NORTH CAROLINA PRIMARY HEALTH CARE ASSOCIATION, INC.**



Principal Place of Business <b>975 WALNUT ST #355 CARY NC 27511</b>		Mailing Address <b>975 WALNUT ST #355 CARY NC 27511</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
Country		Country	
24		30	
3. Date Incorporated or Qualified <b>08/22/1996</b>		4. FEI Number <b>56-1240332</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8.75 Additional Fee Required	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>KNIGHT, CLIFFORD I 2801 KENNEDY ST PALATKA FL 32177</b>		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHMIDT, EVELYN MO</b>	1.2 NAME	
STREET ADDRESS	<b>1301 FAYETTEVILLE ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DURHAM NC</b>	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<b>D/P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAREY, MOSES JR</b>	2.2 NAME	
STREET ADDRESS	<b>121 KINGSTON DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHAPEL HILL NC</b>	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>D/V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>APONTE, LAURA</b>	3.2 NAME	<b>Thompson, Albert</b>
STREET ADDRESS	<b>3331 EASY ST</b>	3.3 STREET ADDRESS	<b>306 Winston Lane</b>
CITY-ST-ZIP	<b>DUNN NC</b>	3.4 CITY-ST-ZIP	<b>Windsor, NC 27983</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>D/S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ELLERBY, BRIAN</b>	4.2 NAME	<b>William Remmes</b>
STREET ADDRESS	<b>207 MORVEN RD</b>	4.3 STREET ADDRESS	<b>1213 North Church St Extension</b>
CITY-ST-ZIP	<b>WADESBO RO NC</b>	4.4 CITY-ST-ZIP	<b>Jackson NC 27845</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>D/T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Philip Harewood</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>1301 Fayetteville St</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Durham NC 27707</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Philip Harewood*

3-19-98

919-469-5701

CR2E037 (10/97)