

FILE NOW: FILING FEE AFTER MAY 1 IS \$ 5.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Modica
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K04036 (5)

1. Corporation Name

PREMCARE FAMILY MEDICAL CENTER, INC.



Principal Place of Business

7400 CANADA AVE
ORLANDO FL 32819

Mailing Address

7400 CANADA AVE
ORLANDO FL 32819

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

30

9. Name and Address of Current Registered Agent

KALIDAS, VINOD K.
9111 MIDPINES CT
ORLANDO FL 32819

3. Date Incorporated or Qualified

11/24/1987

3a. Date of Last Report

03/08/1995

4. FEI Number

59-2857951

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KALIDAS, VINOD K.
STREET ADDRESS 9111 MIDPINES CT.
CITY - ST - ZIP ORLANDO FL ☐ DELETE

TITLE VD
NAME KALIDAS, MANAKLAL
STREET ADDRESS 6721 BITTERSWEET
CITY - ST - ZIP ORLANDO FL ☐ DELETE

TITLE SD
NAME KALIDAS, DINESH
STREET ADDRESS 7000 HORIZON CIR
CITY - ST - ZIP WINDERMERE FL ☐ DELETE

TITLE TD
NAME KALIDAS, KIRTI
STREET ADDRESS 6721 BITTERSWEET
CITY - ST - ZIP ORLANDO FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 7095 HORIZON CIR
2.4 CITY - ST - ZIP WINDERMERE FL 34786

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 7095 Horizon Circle
4.4 CITY - ST - ZIP WinderMere, FL 34786

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Vinod Kalidas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

(407) 363-0332

CR2E034 (12/95)