


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90066 009 ***150.00

DOCUMENT # K64585	
1. Entity Name PRIMARY CARE PHYSICIANS, INC.	

Principal Place of Business 942 Saxon Blvd ORANGE CITY, FL 32763	Mailing Address 942 Saxon Blvd ORANGE CITY, FL 32763
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50014789



2. Principal Place of Business 942 Saxon Blvd	3. Mailing Address 942 Saxon Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02042005 Chg-P CR2E034 (10/03)

City & State Orange City FL	4. FEI Number 59-2932312	Applied For <input type="checkbox"/> Not Applicable
Zip 32763	Country Volusia	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent YOON, DAVID K 165 SAGE BRUCH TRAIL ORMOND BCH, FL 32174	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP YOON, DAVID K 497 NO BEACH ST ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT YOON, FLORENCE L 497 NO BEACH ST, ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **2-10-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #