


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # K64585 1. Entity Name PRIMARY CARE PHYSICIANS, INC.	
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Principal Place of Business 926 SAXON BLVD ORANGE CITY, FL 32763	Mailing Address 926 SAXON BLVD ORANGE CITY, FL 32763
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DO NOT WRITE IN THIS SPACE



01212008 No Chg-P CR2E034 (11/05)

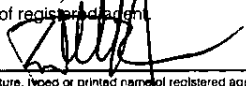
4. FEI Number 59-2932312	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**YOON, DAVID K
165 SAGE BRUCH TRAIL
ORMOND BCH, FL 32174**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP YOON, DAVID K 497 NO BEACH ST ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT YOON, FLORENCE L 497 NO BEACH ST, ORMOND BEACH, FL 32174
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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01/28/08-80022-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____