

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K64585

FILED
Mar 24, 2009
Secretary of State

Entity Name: PRIMARY CARE PHYSICIANS, INC.

Current Principal Place of Business:

926 SAXON BLVD
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

926 SAXON BLVD
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 59-2932312

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

YOON, DAVID K
1180 W GRANADA BLVD
SUITE B
ORMOND BCH, FL 32174 US

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:

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: YOON, DAVID K
Address: 497 NO BEACH ST
City-St-Zip: ORMOND BEACH, FL 32174

Title: DT () Delete
Name: YOON, FLORENCE L
Address: 497 NO BEACH ST,
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID K YOON

DP

03/24/2009

Electronic Signature of Signing Officer or Director

Date