

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000003108

FILED
Dec 03, 2009
Secretary of State

Entity Name: PRIMARY CARE MEDICAL SERVICES OF POINCIANA, INC.

Current Principal Place of Business:

1875 BOGGY CREEK ROAD
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

1875 BOGGY CREEK ROAD
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 75-3147007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRY, MARY ANN
614 KOALA COURT
KISSIMMEE, FL 34759 US

Name and Address of New Registered Agent:

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: MARY ANN BARRY

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: BARRY, MARY ANN
Address: 614 KOALA COURT
City-St-Zip: KISSIMMEE, FL 34759

Title: VC () Delete
Name: BRAUER, BERNADETTE
Address: 240 CHURCHILL COURT
City-St-Zip: KISSIMMEE, FL 34758

Title: D () Delete
Name: AZUKAS, JOHN
Address: 219 LARGO
City-St-Zip: KISSIMMEE, FL 34759

Title: D () Delete
Name: NOAD, KEITH
Address: 1902 ISLAND CIRCLE., #202
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: WATSON, ARNIM
Address: 707 TOLTEC PL
City-St-Zip: KISSIMMEE, FL 34758

Title: D (X) Delete
Name: LEWIS, BERYL
Address: 353 FERRERA CT.
City-St-Zip: KISSIMMEE, FL 34758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VC (X) Change () Addition
Name: SMITH, RUTH
Address: 701 EAGLE POND DRIVE
City-St-Zip: WINTER HAVEN, FL 35884

Title: D (X) Change () Addition
Name: WARREN, OMAR
Address: 444 ACACIA TREE WAY
City-St-Zip: KISSIMMEE, FL 34759

Title: D (X) Change () Addition
Name: PURDY, JANE
Address: 112 SORENTO ROAD
City-St-Zip: KISSIMMEE, FL 34759

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ANN BARRY

C

12/03/2009

Electronic Signature of Signing Officer or Director

Date