2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2011
Secretary of State

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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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title: D
Name: VINCE, ROSE
Address: 1584 TWELVE OAKS CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

Title: D
Name: PURDY, JANE
Address: 112 SORENTO ROAD
City-St-Zip: KISSIMMEE, FL 34759

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

I hereby 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 all other like empowered.

SIGNATURE: MARY ANN BARRY C 01/26/2011
Electronic Signature of Signing Officer or Director Date