

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000009200

**FILED**  
**Apr 08, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA PRIMARY CARE COALITION, INC.

**Current Principal Place of Business:**

2340 HANSEN LANE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

2340 HANSEN LANE  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BEHRMAN, ANDREW R  
2340 HANSEN LANE  
TALLAHASSEE, FL 32301 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: D  
Name: BEHRMAN, ANDREW R  
Address: 2340 HANSEN LANE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D  
Name: REINSHUTTLE, ROBERT  
Address: 2340 HANSEN LANE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D  
Name: COKER, TRAVIS  
Address: 2340 HANSEN LANE  
City-St-Zip: TALLAHASSEE, FL 32301

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: ANDREW BEHRMAN

CEO

04/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date