

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000015227

FILED
Jan 09, 2007
Secretary of State

Entity Name: PRIMECARE MEDICAL CLINIC, P.A.

Current Principal Place of Business:

2869 WILSHIRE DRIVE
SUITE 205
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

2869 WILSHIRE DRIVE
SUITE 205
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 59-3628645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KHAN, MUHAMMAD NAEEM M.D.
2411 S HIAWASSEE RD
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

KHAN, MUHAMMAD NAEEM M.D.
2869 WILSHIRE DRIVE
SUITE-205
ORLANDO, FL 32835 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: MUHAMMAD NAEEM KHAN

01/09/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KHAN, MUHAMMED N MD
Address: 2869 WILSHIRE DRIVE STE 205
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MUHAMMAD NAEEM KHAN

PRES

01/09/2007

Electronic Signature of Signing Officer or Director

Date