2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000052570

Name:

Address: City-St-Zip: ROSS, IRA

1211 JACARANDA BLVD

VENICE, FL 34292

Entity Name: PRIMARY CARE OF VENICE, INC.

FILED Jan 08, 2011 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
1211 JACA VENICE, F	ARANDA BLVD. L 34292			
Current Mailing Address:			New Mailing Address:	
1211 JACA VENICE, F	ARANDA BLVD. 'L 34292			
FEI Number:	65-1016101	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
), ARMANDO ARANDA BLVD. 'L 34292 US			
	named entity su e of Florida.	ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,
SIGNATUR	RE:			
Electronic Signature of Registered Ager			ent	Date
OFFICERS	S AND DIRECT	ORS:		
Title: Name: Address: City-St-Zip:	D NAVARRO, ARM 1211 JACARANE VENICE, FL 342	DA BLVD		
Title: Name: Address: City-St-Zip:	D HOLGUIN, RAUL 1211 JACARAND VENICE, FL 342	DA BLVD		
Title:	D			

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

SIGNATURE: IRA ROSS D 01/08/2011