2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000076347

1. Entity Name
PRIMARY CARE & MEDICAL GROUP, INC.

Principal Place of Business	Mailing Address
9621 S.W. 40TH STREET MIAMI, FL 33165	9621 S.W. 40TH STREET MIAMI, FL 33165

01052006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1040309	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VARONE, JOHN
9621 SW 40TH ST
MIAMI, FL 33165

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U0DNN0383333
01/12/06-80049-008 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	VARONE, JOHN
STREET ADDRESS	9621 SW 40 ST.
CITY-ST-ZIP	MIAMI, FL 33165

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Varone   1-5-06 (305)485-488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #