


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90034 046 ***150.00

DOCUMENT # P00000076347 1. Entity Name PRIMARY CARE & MEDICAL GROUP, INC.																											
Principal Place of Business 9621 S.W. 40TH STREET MIAMI, FL 33165 2468 SW 137 Ave, miami, FL 33175		Mailing Address 9621 S.W. 40TH STREET MIAMI, FL 33165 2468 SW 137 Ave																									
2. Principal Place of Business - No P.O. Box # 2468 SW 137 Ave Suite, Apt. #, etc. N/A		3. Mailing Address 2468 SW 137 Ave Suite, Apt. #, etc. N/A																									
City & State miami, FL Zip 33175		City & State miami FL Zip 33175																									
Country USA		Country USA																									
4. FEI Number 65-1040309		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent VARONE, JOHN 9621 SW 40TH ST. MIAMI, FL 33165 2468 SW 137 Ave miami, FL 33175		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
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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: 		01-04-2008																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>																									