

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000076347

FILED  
Mar 23, 2011  
Secretary of State

**Entity Name:** PRIMARY CARE & MEDICAL GROUP, INC.

**Current Principal Place of Business:**

1663 GEORIGA ST., N.E. STE 500  
PALM BAY, FL 32907

**New Principal Place of Business:**

**Current Mailing Address:**

1663 GEORIGA ST., N.E. STE 500  
PALM BAY, FL 32907

**New Mailing Address:**

**FEI Number:** 65-1040309

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VARONE, JOHN  
2735 GRANT ROAD  
GRANT, FL 32949 US

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

VARONE, JOHN  
1663 GEORGIA ST. N.E., STE 500  
PALM BAY, FL 32907 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:

Electronic Signature of Registered Agent

03/23/2011

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: VARONE, JOHN  
Address: 1663 GEORIGA ST., N.E. STE 500  
City-St-Zip: PALM BAY, FL 32907

Title: P  
Name: VARONE, JOHN  
Address: 1663 GEORIGA ST., N.E. STE 500  
City-St-Zip: PALM BAY, FL 32907

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: JOHN VARONE

Electronic Signature of Signing Officer or Director

P

03/23/2011

Date