


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90100 005 \*\*\*150.00

<b>DOCUMENT # P00000104314</b> 1. Entity Name MDY PRIMARY CARE MEDICINE, P.A.	
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Principal Place of Business 40124 HWY 27 STE 104 DAVENPORT, FL 33837	Mailing Address 40124 HWY 27 STE 104 DAVENPORT, FL 33837
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**60022722**



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01292007    Chg-P    CR2E034 (12/06)

4. FEI Number 59-3681028	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  BRYANT, CARLA DELOACH ESQ. 1206 EAST RIDGEWOOD STREET ORLANDO, FL 32803
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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)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS													
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11													
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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02.09.07    803-422-0032