



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000109934 1. Entity Name PRIMARY CARE ASSOCIATES OF S.W. FLORIDA, P.A.	
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Principal Place of Business 2091 TAMiami TrL. PORT CHARLOTTE, FL 33948	Mailing Address 2091 TAMiami TrL. PORT CHARLOTTE, FL 33948
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DO NOT WRITE IN THIS SPACE



07292005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1052826	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

**MEMON, TANWEER A
2091 TAMiami TrL.
PORT CHARLOTTE, FL 33948**

**DO NOT WRITE
IN THIS SPACE**

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 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAMAL, ASIF 4207 GINGOLD ST. PORT CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOPPUZHA, GEORGE C 1006 ARREDONDO ST. N. PORT, FL 34286
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MENON, TANWEER A 381 LIABASH TERR PORT CHARLOTTE, FL 33954
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HASSAN, SYED 215 STEBBINS TERR PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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08/04/05-80001-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/05 (941) 625-9491
Date Daytime Phone #