FILED
Aug 14, 2007 08:00 AM
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000109934

1. Entity Name
PRIMARY CARE ASSOCIATES OF S.W. FLORIDA, P.A.

Principal Place of Business	Mailing Address
2091 TAMIAMI TRL. PORT CHARLOTTE, FL 33948	2091 TAMIAMI TRL. PORT CHARLOTTE, FL 33948

07312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1052826
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MEMON, TANWEER A
2091 TAMIAMI TRL.
PORT CHARLOTTE, FL 33948

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

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

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

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08/14/07-80001-017 550.00

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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: _____ 7/31/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #