

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 10, 2008 8:00 am
Secretary of State

06-10-2008 90001 043 ***150.00

DOCUMENT # P00000109934

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



Principal Place of Business
**2091 TAMiami TrL
PORT CHARLOTTE, FL 33948**

Mailing Address
**2091 TAMiami TrL
PORT CHARLOTTE, FL 33948**

40100000



06042008 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**

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

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAMAL, ASIF 1207 GIMCOLE ST. 1011 Harbor Blvd PORT CHARLOTTE, FL 33948 33952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOPPUZHA, GEORGE C 1006 ARREDONDO ST. 3020 Rivershore Lane N. PORT, FL 34288 Port Charlotte, FL 33953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MENON, TANWEER A 381 WABASH TERR 381 Wabash Terr PORT CHARLOTTE, FL 33954
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HASSAN, SYED 216 STEBBINS TERR 436 Wabash Terr PORT CHARLOTTE, FL 33952 33954
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, 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

Date 6/4/08 Daytime Phone #