


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

04-27-2006 90182 002 ***150.00

DOCUMENT # P02000030767 1. Entity Name PRIME CARE FAMILY HEALTH CENTERS, INC.					
Principal Place of Business 1706 E. SEMORAN BLVD. 101 APOPKA, FL 32703			Mailing Address 1706 E. SEMORAN BLVD. 101 APOPKA, FL 32703		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 02-0587578				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				7. Name and Address of New Registered Agent	
NAU, EMMANUEL L. 9101 DOWN CREST WAY WINDEMERE, FL 34786				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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> <div style="float: right;">DATE _____</div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NAU, EMMANUEL L.		NAME		
STREET ADDRESS	9101 DOWN CREST WAY		STREET ADDRESS		
CITY- ST- ZIP	WINDEMERE, FL 34786		CITY- ST- ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NAO, MARYSE		NAME		
STREET ADDRESS	9101 DOWN CREST WAY		STREET ADDRESS		
CITY- ST- ZIP	WINDEMERE, FL 34786		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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 fees empowered.					
SIGNATURE: <i>Maryse Nao</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>05/24/05</i> Daytime Phone #: <i>407-880-0800</i>		