


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90057 039 ***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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State 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 NAU, EMMANUEL L 9101 DOWN CREST WAY WINDEMERE, FL 34786			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAU, EMMANUEL L 9101 DOWN CREST WAY WINDEMERE, FL 34786	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NAO, MARYSE 9101 DOWN CREST WAY WINDEMERE, FL 34786	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Maryse Nao</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4-30-07		Daytime Phone # 407-880-0800