


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000083005 1. Entity Name MARGATE PRIMARY CARE, INC.	
--------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 3191 CORAL WAY #303 MIAMI, FL 33145	Mailing Address 3191 CORAL WAY #303 MIAMI, FL 33145
--------------------------------------------------------------------------	--------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



01132006 No Chg-P CRZE034 (11/05)

4. FEI Number 52-2380946	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERMIDA, RICK P ESQ.
 2506 PONCE DE LEON BLVD.
 CORAL GABLES, FL 33134

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARMAS, JOSE J MD 3191 CORAL WAY #303 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000449875
 03/09/06-80071-010 150.00

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 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

Date _____ Daytime Phone # _____