

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000110317

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

**Entity Name:** CARE ONE PRIMARY CARE, INC.

**Current Principal Place of Business:**

12224 CORTEZ BLVD  
BROOKSVILLE, FL 33461

**New Principal Place of Business:**

**Current Mailing Address:**

12224 CORTEZ BLVD  
BROOKSVILLE, FL 34613

**New Mailing Address:**

**FEI Number:** 82-0569563

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAVIANO, STACIE S  
13047 FELLOWSHIP LANE  
WEEKI WACHEE, FL 34614 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: LAVIANO, STACIE S  
Address: 13047 FELLOWSHIP LANE  
City-St-Zip: WEEKI WACHEE, FL 34614

Title: DS  
Name: LAVIANO, ANTHONY P  
Address: 13047 FELLOWSHIP LANE  
City-St-Zip: WEEKI WACHEE, FL 34614

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STACIE LAVIANO

DP

04/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date