

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000113912

FILED
Feb 17, 2010
Secretary of State

Entity Name: PRIMARY CARE NETWORK MANAGEMENT, INC.

Current Principal Place of Business:

995 N. MIAMI BEACH BLVD., STE #100
N. MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

995 N. MIAMI BEACH BLVD., STE #100
N. MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 47-0893288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GONZALEZ, WILFREDO V
995 N. MIAMI BEACH BLVD., STE. #100
NORTH MIAMI BEACH, FL 33134 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D/T
Name: GONZALEZ, WILFREDO V
Address: 2200 COUNTRY CLUB PRADO
City-St-Zip: CORAL GABLES, FL 33134

Title: DPC
Name: MOLINA, RODOLFO M.D.
Address: 4055 VENTURA AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

Title: D/S
Name: BRAVO, OCTAVIO A
Address: 11782 SW 92 TERR
City-St-Zip: MIAMI, FL 33186

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: WILFREDO GONZALEZ

D/T

02/17/2010

Electronic Signature of Signing Officer or Director

Date