

PD 3000061672

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(City/State/Zip/Phone #)

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[Handwritten signature]

5.28.13

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PRIMARY CARE ASSOCIATES, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P03000061672

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ravi Mehan

(Name of Person)

Primary Care Associates, P.A.

(Name of Firm/Company)

8483 S. U.S. 1, Suite 19

(Address)

Port St. Lucie, FL 34952

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Edwards, Esq. at (772) 335-4949

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

MICHAEL EDWARDS, P.A.

ATTORNEY AT LAW
Telephone (772) 335-4949
Facsimile (772) 335-7150

Physical Address

1844 S.E. Port St. Lucie, Blvd.
Port St. Lucie, Florida 34952

Mailing Address

P.O. Box 7399
Port St. Lucie, FL 34985

May 21, 2013

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Primary Care Associates, P.A.
Document Number: P03000061672
Officer / Director Resignation for a Corporation

Dear Sir/Madam:

In regard to the above corporation, please find attached the following:

1. Transmittal Letter
2. Officer / Director Resignation Form signed by Felix Fernandez, the resigning officer / director of Primary Care Associates, P.A.
3. Letter of Resignation from Felix Fernandez.
4. Check in the amount of \$35.00 to cover your fee.

Should you have any questions, please do not hesitate to contact us.

With kind regards, I remain

Very truly yours,

MICHAEL EDWARDS, P.A.

Michael Edwards

ME/pgh
Enclosures

cc: Ravi Mehan, President
Primary Care Associates, P.A.
Felix Fernandez
Jay McBee, CPA

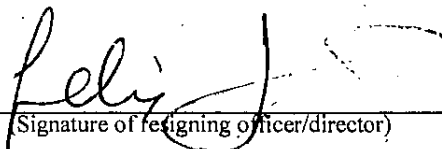
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, FELIX FERNANDEZ, hereby resign as Officer/Director
(Title)

of PRIMARY CARE ASSOCIATES, P.A.
(Name of Corporation)

P03000061672, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAY 24 AM 9:58

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FELIX FERNANDEZ
152 S.W. Saratiga Avenue
Port St. Lucie, FL 34952

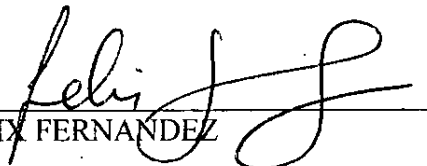
LETTER OF RESIGNATION

Board of Directors
PRIMARY CARE ASSOCIATES, P.A.
8483 South U.S. 1, Suite 19
Port St. Lucie, FL 34952

Dear Directors:

I, FELIX FERNANDEZ, hereby resign as an Officer and Director of Primary Care Associates, P.A., a Florida corporation effective December 31, 2012.

DATED this 15th day of May, 2013.


FELIX FERNANDEZ