

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000123431

FILED
Apr 30, 2011
Secretary of State

Entity Name: PRIMARY CARE PHYSICIANS CONSULTING, INC.

Current Principal Place of Business:

2293 WEATHERED WOOD DRIVE
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

2293 WEATHERED WOOD DRIVE
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 20-0351559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAFUR, ANGEL
2293 WEATHERED WOOD DRIVE
LEESBURG, FL 34748 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: P
Name: TAFUR, ANGEL
Address: 2293 WEATHERED WOOD DRIVE
City-St-Zip: LEEBURG, FL 34748

Title: TREA
Name: TAFUR, ANGEL
Address: 2293 WEATHERED WOOD DRIVE
City-St-Zip: LEESBURG, FL 34748

Title: VP,S
Name: TAFUR, LAUREN E
Address: 2293 WEATHERED WOOD DRIVE
City-St-Zip: LEESBURG, FL 34748

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: ANGEL TAFUR

PRES

04/30/2011

Electronic Signature of Signing Officer or Director

Date