

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000122264

FILED  
Jun 05, 2007  
Secretary of State

**Entity Name:** RAIMAH PRIMARY CARE CENTER, P.A.

**Current Principal Place of Business:**

1283 S.W SR 47  
SUITE 103  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3412  
LAKE CITY, FL 320563412

**New Mailing Address:**

**FEI Number:** 20-1945424

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAIME, MARIE  
1025 SW MCFARLANE AVE  
LAKE CITY, FL 32025 US

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

RAIME, MARIE  
137 SW CHUCK GLEN  
LAKE CITY, FL 32025 US

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: MARIE RAIME

06/05/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: MD ( ) Delete  
Name: RAIME, MARIE MD  
Address: PO BOX 3412  
City-St-Zip: LAKE CITY, FL 320563412

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARIE RAIME

MD

06/05/2007

Electronic Signature of Signing Officer or Director

Date