

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000122264

FILED
Jun 28, 2009
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 (X)

Name and Address of Current Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: MD (X) Change () Addition
Name: RAIME, MARIE MD
Address: PO BOX 3412
City-St-Zip: LAKE CITY, FL 32056

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

06/28/2009

Electronic Signature of Signing Officer or Director

Date