

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000070292

**FILED**  
**Jul 11, 2011**  
**Secretary of State**

**Entity Name:** PRIMARY CARE OF CENTRAL FLORIDA INC.

**Current Principal Place of Business:**

1969 S. ALAFAYA TRAIL, #128  
ORLANDO, FL 32828

**New Principal Place of Business:**

14365 E. COLONIAL DRIVE  
SUITE B5  
ORLANDO, FL 32826

**Current Mailing Address:**

1969 S. ALAFAYA TRAIL, #128  
ORLANDO, FL 32828

**New Mailing Address:**

14365 E. COLONIAL DRIVE  
SUITE B5  
ORLANDO, FL 32826

**FEI Number:** 20-2856669

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQ. BLVD.  
SUITE 101  
TALLAHASSEE, FL 32301 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: CEO  
Name: NURIEL, GABRIEL  
Address: 1969 S. ALAFAYA TRAIL, #128  
City-St-Zip: ORLANDO, FL 32828

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: GABRIEL NURIEL

CEO

07/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date