

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000115908

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** PRIMARY CARE PRACTITIONERS & ASSOCIATES OF WEST PALM BEACH INC

**Current Principal Place of Business:**

200 S ROSEMARY AVE  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

200 S ROSEMARY AVE  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:** 01-0884895

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

METZLER, KIMBERLY A  
8955 RAMBLEWOOD DR.  
2616  
CORAL SPRINGS, FL 33071 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: CHRISTEN, IVORY J  
Address: 10641 SW 37 PLACE  
City-St-Zip: DAVIE, FL 33328

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: IVORY J CHRISTEN

CEO

02/22/2011

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

\_\_\_\_\_  
Date