

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000043196

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

**Entity Name:** PRIMACARE HEALTH CENTERS, INC.

**Current Principal Place of Business:**

3236 DR. MARTIN LUTHER KING JR. STREET N.  
ST.PETERSBURG, FL 33704 US

**New Principal Place of Business:**

**Current Mailing Address:**

3236 DR. MARTIN LUTHER KING JR. STREET N.  
ST.PETERSBURG, FL 33704 US

**New Mailing Address:**

**FEI Number:** 20-8801064

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOOD, BRADLEY J ESQ.  
600 FIRST AVENUE NORTH  
SUITE 302  
ST. PETERSBURG, FL 33701 US

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

WHEELER, JOHN L  
3236 DR. MARTIN LUTHER KING JR ST. N  
ST. PETERSBURG, FL 33704 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: JOHN L. WHEELER

02/03/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WHEELER, JOHN L  
Address: 10777 96TH STREET NORTH  
City-St-Zip: LARGO, FL 33773 US

Title: D  
Name: RICHARD, SMITH  
Address: 866 35TH AVENUE N  
City-St-Zip: ST. PETERSBURG, FL 33704 US

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: JOHN L. WHEELER

CEO

02/03/2011

Electronic Signature of Signing Officer or Director

Date