

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000054765

Entity Name: PRIMARY CARE MD INC

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9060 NORTH MILITARY TRAIL  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

2007 PALM BEACH LAKES BLVD  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

9060 NORTH MILITARY TRAIL  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

2007 PALM BEACH LAKES BLVD  
WEST PALM BEACH, FL 33409

FEI Number: 01-0790511

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAMELAS, PETER MD  
9060 NORTH MILITARY TRAIL  
PALM BEACH GARDENS, FL 33410 US

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

LAMELAS, PETER MD  
2007 PALM BEACH LAKES BLVD  
WEST PALM BEACH, FL 33409 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: PETER LAMELAS, MD

01/07/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: LAMELAS, PETER MD  
Address: 2007 PALM BEACH LAKES BLVD  
City-St-Zip: WEST PALM BEACH, FL 33409

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: PETER LAMELAS

DR

01/07/2011

Electronic Signature of Signing Officer or Director

Date