

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000049329

**FILED**  
**Mar 15, 2012**  
**Secretary of State**

**Entity Name:** QUICK PRIMARY CARE, P.A.

**Current Principal Place of Business:**

8550 S.W. HWY 200  
OCALA, FL 34481

**New Principal Place of Business:**

**Current Mailing Address:**

8550 S.W. HWY 200  
OCALA, FL 34481

**New Mailing Address:**

**FEI Number:** 27-2848824

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PATEL, RAJNIKANT MD  
8550 S.W. HWY 200  
OCALA, FL 34481 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: P  
Name: PATEL, RAJNIKANT  
Address: 8550 S.W. HWY 200  
City-St-Zip: Ocala, FL 34481

Title: VP  
Name: PATEL, NARENDRA  
Address: 8550 S.W. HWY 200  
City-St-Zip: Ocala, FL 34481

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:** RAJNIKANT PATEL, MD

P

03/15/2012

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

\_\_\_\_\_  
Date