

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000056157

**FILED**  
**Jan 30, 2012**  
**Secretary of State**

**Entity Name:** PRIMARY HEALTHCARE ASSOCIATES OF BVL, INC.

**Current Principal Place of Business:**

308 WEST BASS STREET  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

308 WEST BASS STREET  
KISSIMMEE, FL 34741

**New Mailing Address:**

FEI Number: 45-2556356

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARVELO, GUSTAVO MD  
308 WEST BASS STREET  
KISSIMMEE, FL 34741 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: D  
Name: ARVELO, GUSTAVO MD  
Address: 308 WEST BASS STREET  
City-St-Zip: KISSIMMEE, FL 34741

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: GUSTAVO ARVELO, MD

PSTD

01/30/2012

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

\_\_\_\_\_ Date