FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 9:25

DOCUMENT # **P93000068120 (3)**

1. Corporation Name
PRIMARY CARE CENTERS OF AMERICA, INC.

Principal Place of Business	Mailing Address
115 BURLEIGH BLVD TAVARES FL 32778 US	678 LAKE VILLAS DR. ALTAMONTE SPRINGS FL 32701 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/30/1993**
3a. Date of Last Report: **01/19/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **59-3210331** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SPICER, KAREN L
678 LAKE VILLAS DR.
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	STOCKHAMMER, STANLEY J D.O.	12 NAME	
STREET ADDRESS	2370 INT'L SPEEDWAY DR.	13 STREET ADDRESS	
CITY ST ZIP	DELAND FL	14 CITY ST ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	SPICER, KAREN L	22 NAME	
STREET ADDRESS	678 LAKE VILLAS DR	23 STREET ADDRESS	
CITY ST ZIP	ALTAMONTE SPRINGS FL	24 CITY ST ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	COULIS, JOHN S	32 NAME	
STREET ADDRESS	900 SARASOTA QUAY	33 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	34 CITY ST ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	MONACO, FRAN	42 NAME	
STREET ADDRESS	6211 YELLOWSTONE DR.	43 STREET ADDRESS	
CITY ST ZIP	PORT ORANGE FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☒ Addition
NAME		52 NAME	R. JERRY SPICER
STREET ADDRESS		53 STREET ADDRESS	DIRECTOR 678 LAKE VILLAS DR.
CITY ST ZIP		54 CITY ST ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R. Jerry Spicer, Director — 3/24/95 — 407-834-6522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0039493 CP