CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

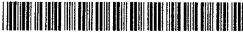
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000071664 (5)

PRIMARY MEDICAL CARE - AYALA & ALVAREZ, M.D.S, P

FILED Jan 20 1998 8:00am Secretary of State



'N'									
Principal Plac	e of Business	Mailing Address							
FORT	KING RD	P.O. BOX 1236							
DADE CITY F		DADE CITY FL 33526							
						NOT WRITE IN THIS	SPACE	<u> </u>	
					3. Date Incorporated o	r Qualified			
2 Principal P	Place of Business	2a. Mailing Address			10/07/1993		- 1 -		
21		·			4. FEI Number 59-3210086			pplied For	
Suite, Apt.	#. etc.	Suite Ant # etc	Suite, Apt. #, etc.					ot Applicable	
22 27			Ξ.		5. Certificate of Status	Desired		Additional equired	
City & State City & State					6. Election Campaign F	Einanaina		May Be	
23		28	28		Trust Fund Contribut			to Fees	
Zip	Country Zip		Country		8. This corporation owe	es or has paid the cu			
24	25	29	30		Personal Property Ta	Personal Property Tax due June 30. Yes No			
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
AY/	ala, rina p		[8	81 Name					
1	138 FORT KING RD		82 Street Addr		t Address (P.O. Box Number is N	ot Acceptable)			
DAI	DE CITY FL 33525		€	33					
			8	4 City			85 Zip	Code	
	- NO NAME IN COLUMN 1					FL	. } `	1	
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									
Signature, typed or printed name of registered agent and title it applicable. (NOTE 12. OFFICERS AND DIRECTORS				gent signatu	re required when reinstating)	DATE			
TITLE	PST	DELETE DELETE	13.		ADDITIONS/CHANGE	S TO OFFICERS AND	Change	Addition	
NAME	AYALA, RINA P. MD P		1,2 NAM				L. Ondinge	E Addition	
STREET ADDRESS	13438 FORT KING RD			ET ADDRESS					
CITY-ST-ZIP	DADE CITY FL			-ST-ZIP					
TITLE	VP	DELETE	2.1 TITLE				Change	Addition	
NAME	ALVAREZ, ROSA M.		2.2 NAM						
STREET ADDRESS	13438 FORT KING RD		2.3 STRE	ET ADDRESS					
CITY-ST-ZIP	DADE CITY FL		2.4 CITY	-ST-ZIP	1				
TITLE		☐ DELETE	3.1 TITLE				☐ Change	☐ Addition	
NAME		3.2		Ε					
STREET ADDRESS	ORESS .		3.3 STRE	ET ADDRESS					
CITY - ST - ZIP	1		3.4. CITY	-ST-ZIP					
TITLE		DELETE 4.1					☐ Change	Addition	
NAME			4. 2 NAM	IE 3					
STREET ADDRESS			4.3 STRE	ET ADDRESS					
CITY-ST-ZIP			4,4 CITY	-ST-ZIP				İ	
TITLE		☐ DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAM	E					
STREET ADDRESS			5.3 STRE	ET ADDRESS					
CITY-ST-ZIP			5.4 CITY	-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE				Change	Addition	
NAME			6,2 NAM	E					
STREET ADDRESS			6,3 STRE	et address					
CITY - ST - ZIP			6.4 CITY						
14 I hereby c	ertify that the information supplied	with this filling does not qualify to	or the even	ntion stat	ed in Section 119 07(3)(i) Florida	Statutos I further oc	rtifus that the	information	

Indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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: