FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90001 006 ***150.00

DOCUMENT # P93000071664

PRIMARY	Y MEDICAL CARE - AYAL	a & Alvarez, M.D.	S, P			ii dan tara	Antil'Argricas
A.—							
Principal Plans	e of Business	Mailing Address			—{		BILLI BIBLIBA
					· ·		
13438 FENT KING RD P.O. BOX 1236 DADE CITY FL 33525 DADE CITY FL 33526					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					10/07/1993		
2. Principal P	lace of Business	2a. Mailing Address	 }		4. FEI Number	Ap	plied For
		26			59-3210086	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			с.	·	5. Certifcate of Status Desired	\$8.75 A	
City & State City & State			 -		6. Election Campaign Financing	\$5.00	May Ro
3	,	28			Trust Fund Contribution	Added t	
Zip	Country	Zip	C	ountry	a. This corporation owes the current year	Intangible	
24	25	29	30		Personal Property Tax.	Yes	□No
<u></u>	9. Name and Address of Curr				10. Name and Address of New Registere	d Agent	
				81 Name		. –	
AYALA, RINA P				82 Street Add	ress (P.O. Box Number is Not Acceptable)		
13438 FORT KING RD				Street Addi	1935 (F.O. DOX HUMBER IS NOT Acceptable)		
DADE CITY FL 33525				83			
				1.		last Zin C	
				84 City	F	L. 85 Zip C	
SIGNATURE	Signature, typed or printed name of registered			red Agent signature require		AND DIRECTO	
12.	PST	AND DIRECTORS	1: TE 1:1	TITLE	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	AYALA, RINA P. MD P			NAME			
NAME	40400 FORT WING PD		Į.				
STREET ADDRESS	DADE CITY FL			STREET ADDRESS			
CITY-ST-ZIP	VP	DELE		CITY-ST-ZIP		Change	☐ Addition
TITLE	i ''	₹ DEL		TITLE			- · · · · · · · · · · · · · · · · · · ·
NAME	ALVAREZ, ROSA M. 13438 FORT KING RD			NAME			
STREET ADDRESS	DADE CITY FL			STREET ADDRESS			
CITY-ST-ZIP	DUDE OILL LE	DELL		TITLE		Change	Addition
TITLE			- 1	NAME		· · · · · · · · · · · · · · · · ·	
NAME							
STREET ADDRESS	}		ď	STREET ADDRESS			
CITY-ST-ZIP	 	☐ DELE		CITY-ST-ZIP		☐ Change	Addition
TITLE				2 NAME			
NAME				Į.			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP	 	☐ DELL		TITLE	 	Change	Addition
TITLE)			NAME	_		
NAME OTDEET AGREEGE	,			STREET ADDRESS	·		
STREET AODRESS				CITY-ST-ZIP			
CITY-ST-ZIP		D DELL		TITLE		Change	Addition
TITLE		المام		NAME	·	<u> </u>	-
NAME	{			STREET ADDRESS			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 12, 1999

PRIMARY MEDICAL CARE P.O. BOX 1236 DADE CITY, FL 33526

Re: Document Number P93000071664

The Articles of Amendment to the Articles of Incorporation of PRIMARY MEDICAL CARE - AYALA & ALVAREZ, M.D.S, P.A. which changed its name to PRIMARY MEDICAL CARE - R. AYALA, MD, PA, a Florida corporation, were filed on January 12, 1999.

Should you have any questions regarding this matter, please telephone (850) 487-6050, the Amendment Filing Section.

Cheryl Coulliette
Document Specialist
Division of Corporations

Letter Number: 099A00001349