

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000071664**

1. Entity Name

PRIMARY MEDICAL CARE - R. AYALA, MD, PA**FILED****Jan 29, 2001 8:00 am**
Secretary of State

01-29-2001 90010 042 ***150.00

Principal Place of Business	Mailing Address
13438 FORT KING RD DADE CITY FL 33525	P.O. BOX 1236 DADE CITY FL 33526

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	59-3210086	Applied For	Not Applicable
5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
AYALA, RINA P 13438 FORT KING RD DADE CITY FL 33525

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR01/03/01
Date

Daytime Phone #

CR2E034 (10/00)