


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90094 042 ***150.00

DOCUMENT # P93000071664							
1. Entity Name PRIMARY MEDICAL CARE - R. AYALA, MD, PA							
Principal Place of Business 13438 FORT KING RD DADE CITY, FL 33525		Mailing Address P.O. BOX 1236 DADE CITY, FL 33526					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		01082008 Chg-P CR2E034 (12/06)			
Zip		Country		4. FEI Number 59-3210086			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
AYALA, RINA P 13438 FORT KING RD DADE CITY, FL 33525			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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	AYALA, RINA P. MD P		NAME				
STREET ADDRESS	13438 FORT KING RD		STREET ADDRESS				
CITY-ST-ZIP	DADE CITY, FL		CITY-ST-ZIP				
TITLE	CEOT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FERNANDEZ, ROSE M.		NAME				
STREET ADDRESS	13438 FORT KING DRIVE		STREET ADDRESS				
CITY-ST-ZIP	DADE CITY, FL 33525		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: _____			Date: 1/09/08 Daytime Phone #: 352-527-5266				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							