

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000071664

FILED
Mar 02, 2010
Secretary of State

Entity Name: PRIMARY MEDICAL CARE - R. AYALA, MD, PA

Current Principal Place of Business:

13438 FORT KING RD
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1236
DADE CITY, FL 33526

New Mailing Address:

FEI Number: 59-3210086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AYALA, RINA P
13438 FORT KING RD
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST
Name: AYALA, RINA P. MD P
Address: 13438 FORT KING RD
City-St-Zip: DADE CITY, FL

Title: CEOT
Name: FERNANDEZ, ROSE M
Address: 13438 FORT KING DRIVE
City-St-Zip: DADE CITY, FL 33525

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RINA AYALA

MD

03/02/2010

Electronic Signature of Signing Officer or Director

Date