

**2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jul 26, 2010  
Secretary of State**

DOCUMENT# P93000071664

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:**

13438 FORT KING RD  
DADE CITY, FL 33525

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:**

GUEVARA, HECTOR E  
13438 FORT KING RD  
DADE CITY, FL 33525 US

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: HECTOR GUEVARA

07/26/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: GUEVARA, HECTOR, MD E  
Address: 13438 FORT KING RD  
City-St-Zip: DADE CITY, FL 33525

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: HECTOR GUEVARA

PRES

07/26/2010

Electronic Signature of Signing Officer or Director

Date