

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000071664

FILED
Apr 22, 2011
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:

13438 FORT KING RD
DADE CITY, FL 33525

New Mailing Address:

FEI Number: 59-3210086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GUEVARA, HECTOR E
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

OFFICERS AND DIRECTORS:

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

Title: CEOT
Name: AYALA, RINA P M.D.
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 E. GUEVARA

M.D

04/22/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date