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FILED  
Apr 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000023543 (7)

1. Corporation Name  
PRIMARY CARE ASSOCIATES, INC.

Principal Place of Business  
7150 WEST 20TH AVENUE, UNIT 605  
HIALEAH FL 33016

Mailing Address  
7150 WEST 20TH AVENUE, UNIT 605  
HIALEAH FL 33016



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2140 W. 68th St.

Suite, Apt. #, etc.

22 #300

City & State

23 Hialeah, FL

Zip

24 33016

Country

25 DADE

2a. Mailing Address

26 2140 W. 68th St.

Suite, Apt. #, etc.

27 #300

City & State

28 Hialeah, FL

Zip

29 33016

Country

30 DADE

3. Date Incorporated or Qualified

03/15/1996

4. FEI Number

65-0649482

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME FERNANDEZ, MANUEL A  
STREET ADDRESS 7150 WEST 20TH AVENUE, UNIT 605  
CITY-ST-ZIP HIALEAH FL 33016

TITLE SD ☐ DELETE

NAME PINA, VICTOR M M.D.  
STREET ADDRESS 7150 WEST 20TH AVENUE, UNIT 605  
CITY-ST-ZIP HIALEAH FL 33016

TITLE JD ☐ DELETE

NAME CASTANEDA, JORGE D M.D.  
STREET ADDRESS 7150 WEST 20TH AVENUE, UNIT 605  
CITY-ST-ZIP HIALEAH FL 33016

TITLE D ☐ DELETE

NAME MADERAL, FRANCISCO R M.D.  
STREET ADDRESS 7150 WEST 20TH AVENUE, UNIT 605  
CITY-ST-ZIP HIALEAH FL 33016

TITLE D ☐ DELETE

NAME PADILLA, VICTOR M M.D.  
STREET ADDRESS 7150 WEST 20TH AVENUE, UNIT 605  
CITY-ST-ZIP HIALEAH FL 33016

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME Fernandez, Manuel A.  
1.3 STREET ADDRESS 2140 W. 68th St. #300  
1.4 CITY-ST-ZIP Hialeah, FL 33016

2.1 TITLE SD ☒ Change ☐ Addition

2.2 NAME PINA, Victor M. M.D.  
2.3 STREET ADDRESS 2140 W. 68th St. #300  
2.4 CITY-ST-ZIP Hialeah, FL 33016

3.1 TITLE JD ☒ Change ☐ Addition

3.2 NAME Castaneda, Jorge D. M.D.  
3.3 STREET ADDRESS 2140 W. 68th St. #300  
3.4 CITY-ST-ZIP Hialeah, FL 33016

4.1 TITLE D ☒ Change ☐ Addition

4.2 NAME Maderal, Francisco R. M.D.  
4.3 STREET ADDRESS 2140 W. 68th St. #300  
4.4 CITY-ST-ZIP Hialeah, FL 33016

5.1 TITLE D ☒ Change ☐ Addition

5.2 NAME Padilla, Victor M. M.D.  
5.3 STREET ADDRESS 2140 W. 68th St. #300  
5.4 CITY-ST-ZIP Hialeah, FL 33016

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

CR2E034 (10/97)