

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000056928 (0)

1. Corporation Name  
PRIMARY CARE PROFESSIONAL SERVICES, INC.

Principal Place of Business

708 DEL PRADO BLVD.  
SUITE #9  
CAPE CORAL FL 33990

Mailing Address

708 DEL PRADO BLVD.  
SUITE #9  
CAPE CORAL FL 33990-2633



2. Principal Place of Business

21 523 Cape Coral Pkwy  
Suite, Apt. #, etc.

22

City & State

23 Cape Coral FL

24 33904

Country

25 U.S.

2a. Mailing Address

26 523 Cape Coral Parkway  
Suite, Apt. #, etc.

27

City & State

28 Cape Coral FL

29 33904

Country

30 U.S.

3. Date Incorporated or Qualified

07/02/1996

3a. Date of Last Report

N/A

4. FEI Number

65-0683241

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

TANNENBAUM, MONIKA A  
708 DEL PRADO BLVD.  
SUITE #9  
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

81 Name

N/A Same

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

523 Cape Coral Parkway

83

84

City  
Cape Coral

FL

85 Zip Code  
33904

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 PTD  
NAME TANNENBAUM, MONIKA A  
STREET ADDRESS 11710 ROSEMOUNT DRIVE  
CITY-ST-ZIP FORT MYERS FL 33913

☐ DELETE

TITLE VSD  
NAME TANNENBAUM, ALAN L  
STREET ADDRESS 11710 ROSEMOUNT DRIVE  
CITY-ST-ZIP FORT MYERS FL 33913

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 on an attachment with an address.

SIGNATURE:

monika tannenbaum (Monika Tannenbaum)

Date

Daytime Phone #

4/29/97 941-549-2772

CR2E034 (9/96)