

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90118 001 ***150.00
02-27-2006 90118 002 *****8.75

66002580



01182006 Chg-P CR2E034 (11/05)

| | | | | | |
|--|---|---|---|--|--|
| DOCUMENT # P97000098235 1. Entity Name CENTRAL FLORIDA PRIMARY CARE ASSOCIATES, INC. | | | | | |
| Principal Place of Business 1670 E HIGHWAY 50 STE E CLERMONT, FL 34711 | | | Mailing Address 20 N. ORANGE AVE SUITE 600 ORLANDO, FL 32804 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 1670 E Hwy 50 Suite E | | | |
| City & State Clermont | | City & State Clermont | | | |
| Zip FL | Country USA | 4. FEI Number 59-3478153 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HENDRY, STONER, DELANGETT & BROWN, P.A. 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32804 | | | 7. Name and Address of New Registered Agent Name Robert L. Bartenus Street Address (P.O. Box Number is Not Acceptable) 1670 E Hwy 50 Suite E City Clermont FL Zip Code 34711 | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Robert L. Bartenus 1-24-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BARTEMUS, ROBERT L 1004 FEATHERSTONE CIRCLE OCOE, FL 34761 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSTD BARTEMUS, KAREN A 1004 FEATHERSTONE CIRCLE OCOE, FL 34761 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: Robert L. Bartenus, 1-24-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

352-243-5673