

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000007532

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: PRIMARY CARE PRACTITIONERS & ASSOCIATES, INC.

**Current Principal Place of Business:**

102 NE 2ND AVE  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

102 NE 2ND AVE  
HALLANDALE, FL 33009

**New Mailing Address:**

FEI Number: 65-0807784      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LADD, BRUCE J  
785 BACON POINY RD  
PAHOKEE, FL 33476      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCOD ( ) Delete  
Name: CHRISTEN, IVORY J  
Address: 10641 SW 37TH PLACE  
City-St-Zip: DAVIE, FL 33328

Title: VD ( ) Delete  
Name: CHRISTEN, IGDALIS  
Address: 10641 SW 37TH PLACE  
City-St-Zip: DAVIE, FL 33328

Title: D ( ) Delete  
Name: GAFARU, SOLA CPA  
Address: 8910 MIRAMAR PKWY  
City-St-Zip: MIRAMAR, FL 33029

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: IVORY J CHRISTEN

Electronic Signature of Signing Officer or Director

PCOD

04/27/2006

\_\_\_\_\_ Date