2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2007
Secretary of State

DOCUMENT# P98000007532

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:

CHRISTEN, IVORY J
10641 SW 37TH PLACE
DAVIE, FL 33328 US

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: IVORY J. CHRISTEN 06/25/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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 (X) 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 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 PCOD 06/25/2007
Electronic Signature of Signing Officer or Director Date