

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000007532

FILED  
May 03, 2010  
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:**

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

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  
Name: CHRISTEN, IVORY J  
Address: 10641 SW 37TH PLACE  
City-St-Zip: DAVIE, FL 33328

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

I hereby 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 all other like empowered.

SIGNATURE: IVORY J CHRISTEN

PCOD

05/03/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date