2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000046690

Entity Name: BAYMEADOWS PRIMARY CARE, INC.

FILED Feb 04, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9551 BAYMEADOWS RD 10058 BAYMEADOWS RD STE 6 JACKSONVILLE, FL 32256

JACKSONVILLE, FL 32256

Current Mailing Address: New Mailing Address:

9551 BAYMEADOWS RD 9838 OLD BAYMEADOWS ROAD STE 6 SUITE 300

JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256

FEI Number: 59-3516549 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

IMAM, S. AWAIS
9551 BAYMEADOWS RD. STE 6
9838 OLD BAYMEADOWS ROAD
JACKSONVILLE, FL 32256 US
SUITE 300
JACKSONVILLE, FL 32256 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: S. AWAIS IMAM 02/04/2010

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPD

Name: IMAM, TALAT MD

Address: 10058 BAYMEADOWS ROAD City-St-Zip: JACKSONVILLE, FL 32256

Title: MTS

Name: IMAM, S. AWAIS

Address: 10058 BAYMEADOWS ROAD. City-St-Zip: JACKSONVILLE, FL 32256

Title: VPD

Name: IMAM, HUSSAIN S

Address: 10058 BAYMEADOWS ROAD City-St-Zip: JACKSONVILLE, FL 32256

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: S. AWAIS IMAM MTS 02/04/2010