

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000046690

FILED
Jan 15, 2012
Secretary of State

Entity Name: BAYMEADOWS PRIMARY CARE, INC.

Current Principal Place of Business:

10058 BAYMEADOWS RD
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

10058 BAYMEADOWS RD
JACKSONVILLE, FL 322567177 US

Current Mailing Address:

10058 BAYMEADOWS RD
JACKSONVILLE, FL 32256 US

New Mailing Address:

10058 BAYMEADOWS RD
JACKSONVILLE, FL 322567177 US

FEI Number: 59-3516549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

IMAM, S. AWAIS
10058 BAYMEADOWS RD
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

IMAM, S. AWAIS
10058 BAYMEADOWS RD
JACKSONVILLE, FL 322567177 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

01/15/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CPD
Name: IMAM, TALAT MD
Address: 10058 BAYMEADOWS ROAD
City-St-Zip: JACKSONVILLE, FL 322567177

Title: MTS
Name: IMAM, S. AWAIS
Address: 10058 BAYMEADOWS ROAD.
City-St-Zip: JACKSONVILLE, FL 322567177

Title: VPD
Name: IMAM, HUSSAIN S
Address: 10058 BAYMEADOWS ROAD
City-St-Zip: JACKSONVILLE, FL 322567177

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

01/15/2012

Electronic Signature of Signing Officer or Director

Date