

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000054987

FILED
Sep 03, 2006
Secretary of State

Entity Name: PRIMARY CARE MEDICAL SERVICES, INC.

Current Principal Place of Business:

3530 OKEECHOBEE RD
FORT PIERCE, FL 349474556

New Principal Place of Business:

10,000 STIRLING ROAD
SUITE #3
COOPERCITY, FL 33024

Current Mailing Address:

3530 OKEECHOBEE RD
FORT PIERCE, FL 349474556

New Mailing Address:

P.O. BOX 848127
PEMBROKE PINES, FL 33084

FEI Number: 65-0840716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JEAN-BAPTISTE, MARC H
906 ELYSE CIRCLE
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

LARA, MARIE-ALICE MD
10000 STIRLING ROAD
SUITE #3
COOPER CITY, FL 33024 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: MARIE-ALICE LARA,MD

09/03/2006

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: DP () Delete
Name: JEAN-BAPTISTE, MARC H MD
Address: 3530 OKEECHOBEE RD
City-St-Zip: FORT PIERCE, FL 34947

Title: VPS () Delete
Name: LARA, MARIE-ALICE MD
Address: 10000 STIRLING RD STE3
City-St-Zip: COOPER CITY, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LARA, MARIE-ALICE MD
Address: 10000 STIRLING ROAD, SUITE #3
City-St-Zip: COOPER CITY, FL 33024

Title: VPS (X) Change () Addition
Name: JEAN-BAPTISTE, MARC H MD
Address: 10000 STIRLING RD, SUITE #3
City-St-Zip: COOPER CITY, FL 33024

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: LARA, MARIE-ALICE, MD

DP

09/03/2006

Electronic Signature of Signing Officer or Director

Date