

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000054987

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** PRIMARY CARE MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

8702 BLAZE CT  
DAVIE, FL 33328

**New Principal Place of Business:**

830 NW 115TH AVE  
PLANTATION, FL 33325

**Current Mailing Address:**

P.O. BOX 848127  
PEMBROKE PINES, FL 33084

**New Mailing Address:**

830 NW 115TH AVE  
PLANTATION, FL 33325

**FEI Number:** 65-0840716

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEGAGNEUR & ASSOCIATES  
19545 SEDGEFIELD TERR  
BOCA RATON, FL 33498 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: LARA, MARIE-ALICE MD  
Address: 8702 BLAZE CT  
City-St-Zip: DAVIE, FL 33328

Title: VPS  
Name: JEAN-BAPTISTE, MARC H MD  
Address: 8702 BLAZE CT  
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: MARIE ALICE LARA JEAN BAPTISTE

DP

04/26/2012

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

\_\_\_\_\_  
Date