2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 02, 2006
Secretary of State

DOCUMENT# P99000022135

Entity Name: PRIMARY MEDICAL CARE INC.

Current Principal Place of Business:

3413 NW 17TH AVENUE
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

3413 NW 17TH AVENUE
MIAMI, FL 33142

New Mailing Address:

FEI Number: 65-0903372 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TORRES, IDALYS R
3413 NW 17TH AVENUE
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

GONZALEZ, ELISA
3413 NW 17TH AVENUE
MIAMI, FL 33142 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: ELISA GONZALEZ 10/02/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TORRES, IDALYS R
Address: 3413 NW 17 AVENUE
City-St-Zip: MIAMI, FL 33142

Title: VP ( ) Delete
Name: TORRES, IDALYS R
Address: 3413 N.W. 17TH AVENUE
City-St-Zip: MIAMI, FL 33142

Title: ST ( ) Delete
Name: GONZALEZ, ELISA
Address: 3413 N.W. 17TH AVENUE
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GONZALEZ, ELISA
Address: 3413 NW 17 AVENUE
City-St-Zip: MIAMI, FL 33142

Title: VP (X) Change ( ) Addition
Name: TORRES, FRANCISCO
Address: 3413 N.W. 17TH AVENUE
City-St-Zip: MIAMI, FL 33142

Title: ST (X) Change ( ) Addition
Name: TORRES, IDALYS
Address: 3413 N.W. 17TH AVENUE
City-St-Zip: MIAMI, FL 33142

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: ELISA GONZALEZ P 10/02/2006
Electronic Signature of Signing Officer or Director Date