


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000050513</b> 1. Entity Name <b>PRIMARY HEALTH CARE ASSOCIATES, INC.</b>	
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Principal Place of Business <b>505 WEST OAK STREET STE. 101 KISSIMMEE, FL 34741</b>	Mailing Address <b>505 WEST OAK STREET STE. 101 KISSIMMEE, FL 34741</b>
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**DO NOT WRITE IN THIS SPACE**



02132007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3579431</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ARVELO, GUSTAVO  
4748 LAKE CALABAY DRIVE  
ORLANDO, FL 32874**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000644316</b> <b>03/02/07-80039-002 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD ARVELO, GUSTAVO 505 WEST OAK STREET KISSIMMEE, FL 34741
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **02/16/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #