

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000050513

FILED
Apr 28, 2008
Secretary of State

Entity Name: PRIMARY HEALTH CARE ASSOCIATES, INC.

Current Principal Place of Business:

505 WEST OAK STREET STE. 101
KISSIMMEE, FL 34741

New Principal Place of Business:

308 W BASS ST
KISSIMMEE, FL 34741

Current Mailing Address:

505 WEST OAK STREET STE. 101
KISSIMMEE, FL 34741

New Mailing Address:

308 W BASS ST
KISSIMMEE, FL 34741

FEI Number: 59-3579431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ARVELO, GUSTAVO
6245 GREATWATER DR
WINDERMERE, FL 34786 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:

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: ARUELO, GUSTAVO
Address: 505 WEST OAK STREET
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: ARVELO, GUSTAVO
Address: 308 W BASS ST
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify 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: GUSTAVO ARVELO, MD

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04/28/2008

Electronic Signature of Signing Officer or Director

Date