

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000085220

FILED
Jan 23, 2004
Secretary of State

Entity Name: PRIMARY CARE CENTER OF MARIANNA, INC.

Current Principal Place of Business:

4299 3RD AVE.
MARIANNA, FL 32446

New Principal Place of Business:

4970 HIGHWAY 90 EAST
MARIANNA, FL 32446

Current Mailing Address:

P O BOX 5750
MARIANNA, FL 32446

New Mailing Address:

FEI Number: 59-3604465 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RODGERS, RITA
RT. 1, BOX 137 Z
BLOUNTSTOWN, FL 32424 US

Name and Address of New Registered Agent:

RODGERS, RITA
16355 NW WILLIARD SMITH RD
BLOUNTSTOWN, FL 32424 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: _____

Electronic Signature of Registered Agent

01/23/2004

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RODGERS, RITA
Address: RT. 1, BOX 137Z
City-St-Zip: BLOUNTSTOWN, FL 34242

Title: DS () Delete
Name: BASFORD, SHARON
Address: 1700B GULFPOWER RD.
City-St-Zip: SNEADS, FL 32460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: RODGERS, RITA
Address: 16355 NW WILLARD SMITH RD
City-St-Zip: BLOUNTSTOWN, FL 34242

Title: DS (X) Change () Addition
Name: BASFORD, SHARON
Address: 4693 BERKSHIRE RD
City-St-Zip: MARIANNA, FL 32446

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHARON BASFORD

Electronic Signature of Signing Officer or Director

DS

01/23/2004

Date