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FILED
May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S11419 (6)

1. Corporation Name

PRIMARY MEDICAL CARE, INC.

Principal Place of Business

Mailing Address

2930 WASHINGTON BLVD.
BALTIMORE MD 21230
US

2930 WASHINGTON BLVD.
BALTIMORE MD 21230-1141
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified

3a. Date of Last Report

11/07/1990

02/09/1996

4. FEI Number

Applied For

65-0225113

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME SILBER, ALLAN C
STREET ADDRESS 1930 WASHINGTON BLVD.
CITY-ST-ZIP BALTIMORE MD

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 2930 WASHINGTON BLVD
1.4 CITY-ST-ZIP BALTIMORE, MD 21230

TITLE VC
NAME PERLIS, MORRIS
STREET ADDRESS 2930 WASHINGTON BLVD.
CITY-ST-ZIP BALTIMORE MD

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP BALTIMORE, MD 21230

TITLE CC
NAME NAHAS, GORDON F
STREET ADDRESS 2930 WASHINGTON BLVD.
CITY-ST-ZIP BALTIMORE MD

3.1 TITLE CC, V
3.2 NAME THOMAS HOFMEISTER
3.3 STREET ADDRESS 2930 WASHINGTON BLVD
3.4 CITY-ST-ZIP BALTIMORE, MD 21230

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE P
4.2 NAME R. DIRK ALLISON
4.3 STREET ADDRESS 9901 E. VALLEY RANCH PKWY SUITE 3001
4.4 CITY-ST-ZIP IRVING, TEXAS 75063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE V
5.2 NAME JAMES SHELTON
5.3 STREET ADDRESS 2930 WASHINGTON BLVD
5.4 CITY-ST-ZIP BALTIMORE, MD 21230

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE V
6.2 NAME BOB DELLA VALLE
6.3 STREET ADDRESS 2930 WASHINGTON BLVD
6.4 CITY-ST-ZIP BALTIMORE, MD 21230

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/97

972-401-1541

CR2E034 (9/96)