

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 14 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S11419 (6)**

1. Corporation Name  
**PRIMARY MEDICAL CARE, INC.**



Principal Place of Business 2930 WASHINGTON BLVD. BALTIMORE MD 21230 US	Mailing Address 2830 WASHINGTON BLVD. BALTIMORE MD 21230-1141 US
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3. Date Incorporated or Qualified <b>11/07/1990</b>	3a. Date of Last Report <b>02/09/1996</b>
4. FEI Number <b>65-0225113</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code

**FL**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	SILBER, ALLAN C	
STREET ADDRESS	1930 WASHINGTON BLVD.	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	PERLIS, MORRIS	
STREET ADDRESS	2930 WASHINGTON BLVD.	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	CC	<input checked="" type="checkbox"/> DELETE
NAME	NAHAS, GORDON F	
STREET ADDRESS	2930 WASHINGTON BLVD.	
CITY-ST-ZIP	BALTIMORE MD	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2930 WASHINGTON BLVD
1.4 CITY-ST-ZIP	BALTIMORE, MD 21230
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	BALTIMORE, MD 21230
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CC, V
3.3 STREET ADDRESS	THOMAS HOFMEISTER
3.4 CITY-ST-ZIP	2930 WASHINGTON BLVD BALTIMORE, MD 21230
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	P
4.3 STREET ADDRESS	R. DIRK ALLISON
4.4 CITY-ST-ZIP	9901 E. VALLEY RANCH PKWY SUITE 3001 IRVING, TEXAS 75063
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	V
5.3 STREET ADDRESS	JAMES SHELTON
5.4 CITY-ST-ZIP	2930 WASHINGTON BLVD BALTIMORE, MD 21230
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	V
6.3 STREET ADDRESS	BOB DELLA VALLE
6.4 CITY-ST-ZIP	2930 WASHINGTON BLVD 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: \_\_\_\_\_ DATE: 4/97 DAYTIME PHONE #: 972-401-1541

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

CR2E034 (9/96)