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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S53219** (9)

1. Corporation Name

**PRIMARY CARE ASSOCIATES OF NORTH CENTRAL FLORIDA
, P.A.**



Principal Place of Business

Mailing Address

**1070 EDWARDS RD.
STARKE FL 32091
US**

**1070 EDWARDS RD.
STARKE FL 32091
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**EASON, CARL
ROUTE 2, BOX 1688
STARKE FL 32091**

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 607.0602 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 of the person filing this report (must be a director or officer)

Signature of the Registered Agent (must be a resident of Florida)

DATE

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P
EASON, CARL
ROUTE 2, BOX 1688
STARKE FL**

TITLE ☐ DELETE

**ST
POLLACK, BRUCE
13214 NW CT RD 231
GAINES**

TITLE ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

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