

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S53219

FILED  
Apr 28, 2004  
Secretary of State

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

**Current Principal Place of Business:**

1550 S WATER ST  
STARKE, FL 32091 US

**New Principal Place of Business:**

**Current Mailing Address:**

1550 S. WATER ST  
STARKE, FL 32091 US

**New Mailing Address:**

1548B S. WATER ST  
STARKE, FL 32091 US

**FEI Number:** 59-3070847

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

EASON, CARL  
6312 CR 214  
KEYSTONE HEIGHTS, FL 32656 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:** CARL EASON

04/28/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: EASON, CARL,  
Address: PO BOX 78  
City-St-Zip: EARLETON, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: EASON, CARL P  
Address: 6312 CR 214  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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:** CARL EASON

PRES

04/28/2004

Electronic Signature of Signing Officer or Director

Date