

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S53219

FILED
Aug 04, 2005
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:

1548B S. WATER ST
STARKE, FL 32091 US

New Mailing Address:

1550 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
6312 CR 214
KEYSTONE HEIGHTS, FL 32656 US

Name and Address of New Registered Agent:

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

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

08/04/2005

Electronic Signature of Signing Officer or Director

Date