

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003108

Entity Name: PRIMARY CARE MEDICAL SERVICES OF POINCIANA, INC.**Current Principal Place of Business:**1875 FORTUNE ROAD
KISSIMMEE, FL 34744**Current Mailing Address:**1875 FORTUNE ROAD
KISSIMMEE, FL 34744 US**FEI Number:** 75-3147007**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOLDMACHER, JEFFERY A.
3201 BAYVIEW LANE
ST. CLOUD, FL 34772 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:** JEFFERY A. GOLDMACHER

05/04/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VC
Name AMRHEIN, JOHN
Address 1875 FORTUNE ROAD
City-State-Zip: KISSIMMEE FL 34744

Title CHAIRMAN
Name GOLDMACHER, JEFFERY
Address 1875 FORTUNE ROAD
City-State-Zip: KISSIMMEE FL 34744

Title BOARD MEMBER
Name MCWHIRTH, PATTY
Address 1875 FORTUNE ROAD
City-State-Zip: KISSIMMEE FL 34744

Title DIRECTOR, TREASURER
Name DELBAGNO, PATRICIA
Address 1875 FORTUNE ROAD
City-State-Zip: KISSIMMEE FL 34744

Title SECRETARY
Name GOLDMACHER, LISA
Address 1875 FORTUNE ROAD
City-State-Zip: KISSIMMEE FL 34744

Title BOARD MEMBER
Name DELBAGNO, PATRICIA
Address 1875 FORTUNE RD
City-State-Zip: KISSIMMEE FL 34744

Title BOARD MEMBER
Name SERTA, SALLY
Address 1875 FORTUNE RD
City-State-Zip: KISSIMMEE FL 34744

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEFFERY A. GOLDMACHER

CHAIRMAN

05/04/2018

Electronic Signature of Signing Officer/Director Detail

Date