

**2015 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: Yes****Name and Address of Current Registered Agent:**BARRY, MARY ANN  
614 KOALA COURT  
SIKMECH@AOL.COM  
KISSIMMEE, FL 34759 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VC  
Name BARRY, MARY ANN  
Address 1875 FORTUNE ROAD  
City-State-Zip: KISSIMMEE FL 34744

Title CHAIRMAN, TREASURER  
Name AMRHEIN, JOHN  
Address 1875 FORTUNE RD  
City-State-Zip: KISSIMMEE FL 34744

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

Title DIRECTOR  
Name REEVES, ANTHONY  
Address 1875 FORTUNE ROAD  
City-State-Zip: KISSIMMEE FL 34744

Title DIRECTOR  
Name PURDY, JANE  
Address 1875 FORTUNE ROAD  
City-State-Zip: KISSIMMEE FL 34744

Title DIRECTOR  
Name MCWHIRTER, PATTY  
Address 1875 FORTUNE ROAD  
City-State-Zip: KISSIMMEE FL 34744

Title DIRECTOR  
Name D'CATO, LISA  
Address 1875 FORTUNE ROAD  
City-State-Zip: KISSIMMEE FL 34744

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

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*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: JOHN AMRHEIN****CHAIRMAN****04/14/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                CONLEY, JOANNA  
Address             1875 FORTUNE RD.  
City-State-Zip:    KISSIMMEE FL 34744

Title                 DIRECTOR  
Name                DAVIS, DONNA  
Address             1875 FORTUNE RD  
City-State-Zip:    KISSIMMEE FL 34744