

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000003108

**Entity Name:** PRIMARY CARE MEDICAL SERVICES OF POINCIANA, INC.**Current Principal Place of Business:**1875 BOGGY CREEK ROAD  
KISSIMMEE, FL 34744**Current Mailing Address:**1875 BOGGY CREEK ROAD  
KISSIMMEE, FL 34744**FEI Number: 75-3147007****Certificate of Status Desired: No****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	C
Name	BARRY, MARY ANN
Address	614 KOALA COURT
City-State-Zip:	KISSIMMEE FL 34759

Title	D
Name	VINCE, ROSE
Address	1584 TWELVE OAKS CIRCLE
City-State-Zip:	KISSIMMEE FL 34744

Title	D
Name	PURDY, JANE
Address	112 SORENTO ROAD
City-State-Zip:	KISSIMMEE FL 34759

Title	D
Name	WATSON, ARNIM
Address	707 TOLTEC PL
City-State-Zip:	KISSIMMEE FL 34758

Title	TREASURER
Name	ARHEIM, JOHN
Address	1875 BOGGY CREEK ROAD
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: MARY ANN BARRY****REGISTERED AGENT****02/01/2013**

Electronic Signature of Signing Officer/Director Detail

Date