

2014 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 VC
Name BARRY, MARY ANN
Address 1875 BOGGY CREEK ROAD
City-State-Zip: KISSIMMEE FL 34744

Title D
Name VINCE, ROSE
Address 1875 BOGGY CREEK ROAD
City-State-Zip: KISSIMMEE FL 34744

Title D
Name PURDY, JANE
Address 1875 BOGGY CREEK ROAD
City-State-Zip: KISSIMMEE FL 34744

Title CHAIRMAN, TREASURER
Name AMRHEIN, JOHN A
Address 1875 BOGGY CREEK ROAD
City-State-Zip: KISSIMMEE FL 34744

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

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

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

Title DIRECTOR
Name REEVES, ANTHONY
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: JOHN AMRHEIN**BOARD CHAIR****01/29/2014**

Electronic Signature of Signing Officer/Director Detail

Date