2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003108

Entity Name: PRIMARY CARE MEDICAL SERVICES OF POINCIANA, INC.

FILED
Jan 29, 2025
Secretary of State
7812844852CC

Current Principal Place of Business:

1503 BILL BECK BLVD KISSIMMEE, FL 34744

Current Mailing Address:

1503 BILL BECK BLVD KISSIMMEE. FL 34744 US

FEI Number: 75-3147007 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSON-CORNETT, BELINDA 1503 BILL BECK BLVD KISSIMMEE, FL 34744 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: BELINDA JOHNSON-CORNETT 01/29/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title	CEO	Title	BOARD MEMBER
Name	JOHNSON-CORNETT, BELINDA	Name	SERA, SALLY
Address	1503 BILL BECK BLVD	Address	1503 BILL BECK BLVD
City-State-Zip:	KISSIMMEE FL 34744	City-State-Zip:	KISSIMMEE FL 34744
Title	BOARD MEMBER	Title	CHAIRPERSON
Name	HARRELL, ANDREW	Name	CUCCI, CHRIS
Address	1503 BILL BECK BLVD	Address	1503 BILL BECK BLVD
City-State-Zip:	KISSIMMEE FL 34744	City-State-Zip:	KISSIMMEE FL 34744
Title	BOARD MEMBER	Title	BOARD MEMBER
Title Name	BOARD MEMBER HARRISON, CYNTHIA	Title Name	BOARD MEMBER HATCH, SARAH
Name	HARRISON, CYNTHIA	Name	HATCH, SARAH
Name Address	HARRISON, CYNTHIA 1503 BILL BECK BLVD	Name Address	HATCH, SARAH 1503 BILL BECK BLVD
Name Address City-State-Zip:	HARRISON, CYNTHIA 1503 BILL BECK BLVD KISSIMMEE FL 34744	Name Address City-State-Zip:	HATCH, SARAH 1503 BILL BECK BLVD KISSIMMEE FL 34744
Name Address City-State-Zip:	HARRISON, CYNTHIA 1503 BILL BECK BLVD KISSIMMEE FL 34744 BOARD MEMBER	Name Address City-State-Zip:	HATCH, SARAH 1503 BILL BECK BLVD KISSIMMEE FL 34744 BOARD MEMBER

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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: CHRIS CUCCI CHAIRPERSON 01/29/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

TitleBOARD MEMBERTitleBOARD MEMBERNameLOUDEN , MARYNameTORRES , KEVIN

Address 1503 BILL BECK BLVD Address 1503 BILL BECK BLVD

City-State-Zip: KISSIMMEE FL 34744

City-State-Zip: KISSIMMEE FL 34744