**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 18, 2016**
**Secretary of State**
**CC6312066075**

DOCUMENT# 615630

**Entity Name:** PRIMARY CARE CENTER OF PORT ORANGE, INC.

**Current Principal Place of Business:**

4770 RIDGEWOOD AVE
SUITE 1
PORT ORANGE, FL 32127

**Current Mailing Address:**

4770 RIDGEWOOD AVE
SUITE 1
PORT ORANGE, FL 32127

**FEI Number: 59-1893277**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GUNTER, MICHELLE J
4770 RIDGEWOOD AVE
PORT ORANGE, FL 32127 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 | PT | Title | VS |
| Name | JACKSON, JON | Name | GUNTER, MICHELLE |
| Address | 4770 RIDGEWOOD AVE, STE 1 | Address | 4770 RIDGEWOOD AVE, STE 1 |
| City-State-Zip: | PORT ORANGE FL 32127 | City-State-Zip: | PORT ORANGE FL |

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

SIGNATURE: MICHELLE GUNTER — VICE PRESIDENT / OWNER — 03/18/2016

Electronic Signature of Signing Officer/Director Detail — Date