

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000109934

**Entity Name:** PRIMARY CARE ASSOCIATES OF S.W. FLORIDA, P.A.

**Current Principal Place of Business:**

2091 TAMIAMI TRL.  
PORT CHARLOTTE, FL 33948

**Current Mailing Address:**

2091 TAMIAMI TRL.  
PORT CHARLOTTE, FL 33948

**FEI Number:** 65-1052826

**Certificate of Status Desired:** No

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

HOLMES, DAVID AESQ  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 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 D, P  
Name KAMAL, ASIF  
Address 1011 HARBOR BLVD  
City-State-Zip: PORT CHARLOTTE FL 33952

Title D, VP, SECRETARY  
Name KOPPUZHA, GEORGE C  
Address 3020 RIVERSHORE LANE  
City-State-Zip: PORT CHARLOTTE FL 33953

Title D, VP  
Name MEMON, TANWEER A  
Address 3657 TROPICAIRE BLVD.  
City-State-Zip: NORTH PORT FL 34286

Title D, VP  
Name HASSAN, SYED  
Address 3079 TROPICAIRE BLVD  
City-State-Zip: NORTH PORT FL 34286

*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:** ASIF KAMAL

**DIRECTOR**

**04/18/2019**

Electronic Signature of Signing Officer/Director Detail

Date