

2020 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**MANAGER****06/29/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date