

2014 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, VP
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, PRESIDENT
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: TANWEER A. MEMON

PRESIDENT

03/21/2014

Electronic Signature of Signing Officer/Director Detail

Date