

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000115311

**Entity Name:** CENTER FOR PHYSICIANS CARE, INC.

**Current Principal Place of Business:**

1850 N. ALAFAYA TRAIL  
SUITE 1B  
ORLANDO, FL 32826

**Current Mailing Address:**

PO BOX 678705  
ORLANDO, FL 32867-8705 US

**FEI Number: 59-3760975**

**Certificate of Status Desired:** Yes

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

THORNTON, DAMON D  
1850 N. ALAFAYA TRAIL  
SUITE 1B  
ORLANDO, FL 32826 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 P  
Name THORNTON, DAMON D  
Address 1850 N. ALAFAYA TRAIL  
SUITE 1B  
City-State-Zip: ORLANDO FL 32826

*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:** DAMON D. THORNTON

**PRESIDENT/OWNER**

**03/06/2019**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date