

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000115311

Entity Name: CENTER FOR PHYSICIANS CARE, INC.

Current Principal Place of Business:

570 E. HORATIO AVE.
MAITLAND, FL 32751

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
570 E. HORATIO AVE.
MAITLAND, FL 32751 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 570 E. HORATIO AVE.
City-State-Zip: MAITLAND FL 32751

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, D.C.

PRESIDENT

04/18/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date