

2016 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: No

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, D.C. _____

PRESIDENT

04/20/2016

Electronic Signature of Signing Officer/Director Detail

_____ Date