

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000044496

**FILED**  
**Apr 23, 2013**  
**Secretary of State**  
**CC6939187762**

**Entity Name:** MEDICAL SPECIALIST PRIMARY & URGENT CARE FACILITY, INC.

**Current Principal Place of Business:**

3251 N. FEDERAL HIGHWAY  
BOCA RATON, FL 33431

**Current Mailing Address:**

3251 N. FEDERAL HIGHWAY  
BOCA RATON, FL 33431 US

**FEI Number: 90-0367987**

**Certificate of Status Desired: No**

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

STOWERS, JOSEPH W  
3251 N. FEDERAL HIGHWAY  
BOCA RATON, FL 33431 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  
Name STOWERS, JOSEPH W  
Address 3251 N. FEDERAL HIGHWAY  
City-State-Zip: BOCA RATON FL 33431

Title D  
Name PEREZ, CARMEN  
Address 3251 N. FEDERAL HIGHWAY  
City-State-Zip: BOCA RATON FL 33431

Title D  
Name HOFFMAN, GERALD M  
Address 3251 NORTH FEDERAL HWY  
City-State-Zip: BOCA RATON FL 33431

*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: JOSEPH W STOWERS**

**DIRECTOR**

**04/23/2013**

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

\_\_\_\_\_  
Date