

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000027578

**Entity Name:** PRIMARY CARE HOUSE CALLS, P.A.

**Current Principal Place of Business:**

3416 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563

**Current Mailing Address:**

3416 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563 US

**FEI Number:** 46-5291317

**Certificate of Status Desired:** No

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

CRUMLISH, MARY ANN  
319 BREMEN AVENUE  
PENSACOLA, FL 32507 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            PRESIDENT, DIRECTOR  
Name            CRUMLISH, MARY ANN  
Address        319 BREMEN AVENUE  
City-State-Zip: PENSACOLA FL 32507

Title            VP, DIRECTOR  
Name            JOHANSEN, CHARLA P  
Address        3416 GULF BREEZE PARKWAY  
City-State-Zip: GULF BREEZE FL 32563

Title            SECRETARY, DIRECTOR  
Name            EVANS, SABRINA  
Address        3416 GULF BREEZE PARKWAY  
City-State-Zip: GULF BREEZE FL 32563

*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:** MARY ANN CRUMLISH

**PRESIDENT**

**01/30/2018**

Electronic Signature of Signing Officer/Director Detail

Date