

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000080595

**Entity Name:** PHYSICIAN PRIMARY CARE CORP

**Current Principal Place of Business:**

10521 MAHOGANY KEY CIRCLE  
202  
MIAMI, FL 33196

**Current Mailing Address:**

10521 MAHOGANY KEY CIRCLE  
202  
MIAMI, FL 33196 US

**FEI Number:** 47-1998052

**Certificate of Status Desired:** No

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

USA TAX AND FINANCIAL SERVICES LLC  
13170 SW 128TH ST  
202  
MIAMI,, FL 33186 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 FERNANDEZ, CARMEN M  
Address 10521 MAHOGANY KEY CIRCLE #202  
City-State-Zip: MIAMI FL 33196

*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:** CARMEN M FERNANDEZ

**PRESIDENT**

**04/29/2015**

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

\_\_\_\_\_  
Date