

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000080595

Entity Name: PHYSICIAN PRIMARY CARE CORP

Current Principal Place of Business:

2907 41 ST WEST
LEHIGH ACRES, FL 33971

Current Mailing Address:

2907 41 ST WEST
LEHIGH ACRES, FL 33971 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 2907 41 ST WEST
City-State-Zip: LEHIGH ACRES FL 33971

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 FERNANDEZ

PRES

03/26/2016

Electronic Signature of Signing Officer/Director Detail

Date