

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000004945

**Entity Name:** HOLLYWOOD PRIMARY CARE, INC.

**Current Principal Place of Business:**

3939 HOLLYWOOD BLVD.  
SUITE #2B  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

3939 HOLLYWOOD BLVD.  
SUITE #2B  
HOLLYWOOD, FL 33021 US

**FEI Number:** 47-2846881

**Certificate of Status Desired:** No

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

QURESHI, ZAFAR M.D.  
3939 HOLLYWOOD BLVD.  
SUITE #2B  
HOLLYWOOD, FL 33021 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,S  
Name QURESHI, ZAFAR M.D.  
Address 3939 HOLLYWOOD BLVD SUITE #2B  
City-State-Zip: HOLLYWOOD FL 33021

Title VP,T  
Name SALAZAR, FRANCIS E M.D.  
Address 3939 HOLLYWOOD BVD. SUITE #2B  
City-State-Zip: HOLLYWOOD FL 33021

*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:** ZAFAR QURESHI

**PRESIDENT**

**01/19/2016**

Electronic Signature of Signing Officer/Director Detail

Date