

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000083427

**FILED**  
**Apr 23, 2020**  
**Secretary of State**  
**1964434428CC**

**Entity Name:** PRIMECARE ACQUISITION FAMILY PRACTICE, INC.

**Current Principal Place of Business:**

298 S. YONGE STREET  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

298 S. YONGE STREET  
ORMOND BEACH, FL 32174 US

**FEI Number: 84-3645866**

**Certificate of Status Desired: No**

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

DUVA, CHARLES M.D.  
298 S. YONGE STREET  
ORMOND BEACH, FL 32174 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            DIR  
Name            BARRY, WAYNE S M.D.  
Address        298 S. YONGE STREET  
City-State-Zip: ORMOND BEACH FL 32174

Title            DIR  
Name            CANALIZO, JOHN B M.D.  
Address        298 S. YONGE STREET  
City-State-Zip: ORMOND BEACH FL 32174

Title            DIR  
Name            CARAKER, MARK K M.D.  
Address        298 S. YONGE STREET  
City-State-Zip: ORMOND BEACH FL 32174

Title            DIR  
Name            DUVA, CHARLES D M.D.  
Address        298 S. YONGE STREET  
City-State-Zip: ORMOND BEACH FL 32174

Title            DIR  
Name            KNIGHT, STEPHEN S M.D.  
Address        298 S. YONGE STREET  
City-State-Zip: ORMOND BEACH FL 32174

Title            DIR  
Name            LEHMAN, LISA  
Address        298 S. YONGE STREET  
City-State-Zip: ORMOND BEACH FL 32174

Title            DIR  
Name            NEWCOMER, GERARD M.D.  
Address        298 S. YONGE STREET  
City-State-Zip: ORMOND BEACH FL 32174

Title            DIR  
Name            ROBERTS, J. JENNIFER D.O.  
Address        298 S. YONGE STREET  
City-State-Zip: ORMOND BEACH FL 32174

**Continues on page 2**

*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: CHARLES DUVA**

**MANAGING MEMBER**

**04/23/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIR  
Name            WEINER, TRACY D.O.  
Address        298 S. YONGE STREET  
City-State-Zip: ORMOND BEACH FL 32174