

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000083427

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

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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

03/05/2021

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