

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000002083

Entity Name: PRIMARY PHYSICIANCARE, INC.

Current Principal Place of Business:

1515 MOCKINGBIRD LANE STE 300
CHARLOTTE, NC 28209

Current Mailing Address:

P.O. BOX 11088
CHARLOTTE, NC 28220

FEI Number: 56-1449504

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 TATE, PAUL R
Address 1515 MOCKINGBIRD LANE STE 300
City-State-Zip: CHARLOTTE NC 28209

Title CFO
Name GUICE, LEE ANN B
Address 1515 MOCKINGBIRD LANE
City-State-Zip: CHARLOTTE NC 28209

Title CHAIRMAN
Name TATE, DAVID R.
Address P.O. BOX 11088
City-State-Zip: CHARLOTTE NC 28220

Title CHIEF INFORMATION OFFICER
Name SALTON, ROBERT L
Address P.O. BOX 11088
City-State-Zip: CHARLOTTE NC 28220

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: LEE ANN GUICE

**CFO/CORPORATE
SECRETARY**

03/08/2013

Electronic Signature of Signing Officer/Director Detail

Date