

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000060377

Entity Name: CAMPOS PRIMARY PHYSICIANS, P.A.

Current Principal Place of Business:

1290 MUIR TRAIL
GULF BREEZE, FL 32563

Current Mailing Address:

1290 MUIR TRAIL
GULF BREEZE, FL 32563

FEI Number: 94-3485394

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMPOS, LEON P
1290 MUIR TRAIL
GULF BREEZE, FL 32563 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, D
Name CAMPOS, LEON P
Address 1290 MUIR TRAIL
City-State-Zip: GULF BREEZE FL 32563

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: LEON P. CAMPOS

PRESIDENT

02/05/2013

Electronic Signature of Signing Officer/Director Detail

Date