

05-21-2001 90353 035 \*\*\*150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93 0000 72795  
1. Entry Name  
FLORIDA PHYSICIANS NETWORK  
PRIME CARE INC.

Principal Place of Business Mailing Address  
340 E. DANIA BEACH BLVD. SAME  
DANIA, FL 33004

A0070665

2. Principal Place of Business 3. Mailing Address  
340 E. DANIA BCH. BLVD 340 E. DANIA BCH BLVD  
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State  
DANIA FL DANIA FL  
Zip Country Zip Country  
33004 US 33004 US

4. FEI Number Applied For  
65-0445499 Not Applicable  
6. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ALAN DORNE  
340 E. DANIA BEACH BLVD.  
DANIA, FL 33004

7. Name and Address of New Registered Agent  
Name ALAN DORNE  
Street Address (P.O. Box Number is Not Acceptable)  
340 E. DANIA BEACH BLVD  
DANIA  
City FL Zip Code 33004

8. 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 *Alan Dorne* DATE 4/30/01  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when retitling)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.   
(See criteria on back)

10. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PVD	<input type="checkbox"/> Delete
NAME	DORNE ALAN	
STREET ADDRESS	340 E. DANIA BEACH BLVD	
CITY-ST-ZIP	DANIA FL 33004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.  
SIGNATURE: *Alan Dorne* DATE: 4/30/01 (954) 926-1002  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)