# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 01, 2001 8:00 am**
**Secretary of State**
03-01-2001 91332 023 ***150.00

DOCUMENT # P96000012256

1. Entity Name

PRIMED HEALTH CARE, P.A.

| Principal Place of Business | Mailing Address |
|---|---|
| 591 OAK COMMONS BLVD<br>APT A<br>KISSIMMEE FL 34741<br>US | P.O. BOX 423549<br>KISSIMMEE FL 34741<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-3364426 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| TORRES, JOSEPH L M.D.<br>591 OAK COMMONS BLVD<br>SUITE A<br>KISSIMMEE FL 34741 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐ | FILE NOW!!! FEE IS $150.00<br>After MAY 1, 2001 Fee will be $550.00<br>Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees |
|---|---|---|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BAUTISTA, MARIN M.D.<br>1960 OSCEOLA PKWY.<br>KISSIMMEE FL 34743 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TORRES, JOSEPH M.D.<br>591 OAK COMMONS BLVD, SUITE A<br>KISSIMMEE FL 34741 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JIMENEZ, RAFAEL M.D.<br>591 OAK COMMONS BLVD, #B<br>KISSIMMEE FL 34741 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FRAME, EDWARD M.D.<br>201 HILDA STREET, SUITE 20<br>KISSIMMEE FL 34741 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BURGOS, RONALD M.D.<br>1960 OSCEOLA PKWY<br>KISSIMMEE FL 34743 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ARVELO, GUSTAVO M.D.<br>505 W. OAK STREET, SUITE 10<br>KISSIMMEE FL 34741 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (10/00)

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: _____ 1/31/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #