FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000012256

FILED
May 14, 2003 8:00 am
Secretary of State
04-25-2003 90244 026 ***150.00

1. Entity Name PRI-MED HEALTH (CARE, P.A.			A .O
DO NOT W	RITE IN THIS S	PACE,	556408	40
2. Principal Place of Susiness 804 N. Rose Aver Suite Apt. #, etc.	3, Mailing Address 804 N. Ros Suite, Apt. #, etc.	e Avenue	DO NOT WRITE IN TH	HIS SPACE
City & State Kissimmee, FL 34	Cny & State Kissimmee,	FL 34741	4. FEI Number 59-3364426	Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired.	\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent Name Jimenez, Rafael-M.D. Street Address (PO. Box Number is Not Acceptable) 804 N. Rose Avenue				
		City Kissim s registered office or registere	nmee	Zip Code 34741 or familiar with, and accept
the obligations of registered agent. SIGNATURE	epistered agent and hige of applicable. (NO	TE: Registered Agent signature required:	5/12	103
January (* May (* Fee la) After May (* Fee la) \$55 Amended USR is \$61 Make Chack Payable to Florida Dep	1150 00 0 00 28	12. Angeles and Agents and angeles and	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10. OFFI IIILE D NAME Jimenez, Ra STREET ADDRESS CITY-ST-ZIP Kissimmee, TITLE NAME	⊇ Avenue	TITLE NAME STREET ADDRESS CITY-ST ZIP TITLE		CRZE034B (12/02)
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indicated on this report or supplemen	ntal report is true and accurate and that r	ny signature shall have the sa	tion 119.07(3)(i), Florida Statutes. I further out the legal effect as if made under oath; that if Florida Statutes: and that my name appear.	I am an officer or director

attachment with an address) with all other like empowered.

SIGNATURE:

4/18/03

467-518-7999