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Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000086989 (7)

1. Corporation Name
PRIMARY CARE PHYSICIANS GROUP, INC.

Principal Place of Business
250 63RD ST
SUITE 9B
MIAMI BEACH FL 33141
US

Mailing Address
~~2110 DISCAYNE BLVD.~~
~~SUITE 100~~
~~AVENTURA FL 33180~~
PRIMARY CARE PHYSICIANS GROUP
ROBERT SHAFFER M.D.
250 63 ST, SUITE 9B
MIAMI BEACH, FL 33141

2. Principal Place of Business
21 Suite 9B
City & State
Miami Bch., FL
Zip
33141
Country
U.S.

2a. Mailing Address
26 Suite 9B
City & State
Miami Bch., FL
Zip
33141
Country
U.S.

3. Date Incorporated or Qualified
11/13/1995

3a. Date of Last Report
02/23/1996

4. FEI Number
65-0622370

Applied For
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
☒ Yes ☐ No

9. Name and Address of Current Registered Agent
~~MURDOCK, CHRISTINE~~
~~2110 DISCAYNE BLVD.~~
~~SUITE 100~~
~~AVENTURA FL 33180~~

10. Name and Address of New Registered Agent
81 Name
Robert shaffer
82 Street Address (P.O. Box Number is Not Acceptable)
3564 Magellan Circle
83 Unit 214
84 City
N. Miami Bch., FL
85 Zip Code
33180

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature typed or printed name of registered agent and fee if applicable
NOTE: Registered Agent signature required when reinstating
DATE
Robert shaffer, President 3/6/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PTD	SHAFFER, ROBERT	1000 WEST AVENUE, #1410	MIAMI BEACH FL 33139
VSD	MERLINO, GARY	3564 MAGELLAN CIRCLE UNIT 2	NORTH MIAMI BEACH FL 33180
KEYED	QUOTIN	VERDUGO BL.	QUANTICO
287 RFP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
Change		3564 Magellan Circle Unit 214	N. Miami Bch., FL 33180
Change		18735 N.E. 21st Ave.	N. Miami Bch., FL 33179

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert shaffer, President 3/6/97 (305) 535-1694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #