

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

1999

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90183 019 \*\*\*150.00

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1. Corporation Name

PRIMARY CARE PHYSICIANS GROUP, INC.



Principal Place of Business

~~250 63RD ST~~  
~~STE 96~~  
~~MIAMI BEACH FL 33141~~  
~~US~~

Mailing Address

~~250 63RD ST~~  
~~STE 96~~  
~~MIAMI BEACH FL 33141~~  
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1995

4. FEI Number

65-0622370

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 200 71st Street

2a. Mailing Address

26 200 71st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Miami Beach, FL

City & State

28 Miami Beach, FL

Zip

24 33141

Country

25 U.S.

Zip

29 33141

Country

30 U.S.

9. Name and Address of Current Registered Agent

SHAFFER, ROBERT  
3564 MAGELLAN CIR.  
UNIT 214  
N. MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
SHAFFER, ROBERT  
3564 MAGELLAN CIR UNIT 214  
N MIAMI BEACH FL 33180

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
MERLINO, GARY  
18735 N.E. 21ST AVE.  
N. MIAMI BEACH FL 33180

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0210334