

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**  
 05-16-2002 90084 020 \*\*\*150.00

**DOCUMENT # P95000086989**

1. Entity Name

**PRIMARY CARE PHYSICIANS GROUP, INC.**

Principal Place of Business

~~200-71 ST~~  
~~MIAMI BEACH FL 33141~~  
 US

Mailing Address

~~200-71 ST~~  
~~MIAMI BEACH FL 33141~~  
 US

360431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4701 Meridan Ave.**

3. Mailing Address

**4701 Meridan Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Nichol Building, Level E**

**Nichol Building, Level E**

City & State

City & State

**Miami Beach, FL**

**Miami Beach, FL**

Zip

Country

Zip

Country

**33140**

**USA**

**33140**

**USA**

4. FEI Number

**65-0622370**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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**  
**After May 1, 2002 Fee will be \$550.00**  
**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

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

☐ Delete

TITLE **VSD**  
 NAME **MERLINO, GARY**  
 STREET ADDRESS **10735 N.E. 21ST AVE**  
 CITY-ST-ZIP **N MIAMI BEACH FL 33180**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☒ Change ☐ Addition

**2507 Provence Circle**  
**Weston, FL 33327**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GARY MERLINO D.O.**

Date

Daytime Phone #

**4/26/02**  
**954-659-2347**  
**305-604-2886**

CR2E034 (9/01)