

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A01000000404**

1. Entity Name
PRIMECARE RESEARCH, LLP

FILED

02 OCT -7 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY SEPTEMBER 25, 2002

Principal Place of Business
**10095 N. KENDALL DRIVE, SUITE 102
MIAMI FL 33176**

Mailing Address
**10095 N. KENDALL DRIVE, SUITE 102
MIAMI FL 33176**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

4. FEI Number 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

**KUTNER, MARK
10095 N. KENDALL DRIVE, SUITE 102
MIAMI FL 33176**

Name
Street Address (P.O. Box Number is Not Acceptable)
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. DATE _____

9. Capital Contributions as Shown on record. **\$5,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	KUTNER, MARK	10095 N. KENDALL DRIVE, SUITE 102	MIAMI FL 33176
	MATZA, DALE	10095 N. KENDALL DRIVE, SUITE 102	MIAMI FL 33176
	SMITH, ERIC	10095 N. KENDALL DRIVE, SUITE 102	MIAMI FL 33176

13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY-ST-ZIP

[Handwritten Signature]

600008374626
10/15/02-01025-019-141-25

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (4/02)

A01000000404

Primecare Research, LLP
10095 North Kendall Drive
Suite 102
Miami, Florida 33176

October 3rd, 2002

FILED
02 OCT -7 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

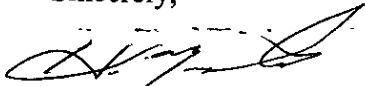
Attn. Buck Khor

Dear Mr. Khor,

In following with our telephone conversation today, enclosed please find our UBR form along with the check for \$141.25 fee due. Please note that we are aware that the filing deadline was September 25th, 2002, but this form did not reach our office until October 2nd, 2002 thus making it impossible to meet this deadline. Please accept our request for waiver of this late filing fee.

Should you have any questions or need any further information from this office, please do not hesitate to contact me at (305)595-5455 ext 19.

Sincerely,



Hilda M. Montes
Practice Administrator