

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000889

1. Entity Name

PRIMUS PHYSICIAN SERVICES INC.

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90469 001 ***511.25

Principal Place of Business

2499 W. GLADES RD., SUITE 207
BOCA RATON FL 33431

Mailing Address

P.O. BOX 871
DEERFIELD BEACH FL 33443-0871

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0744002

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

GROGAN, P. ANTHONY
649 U.S. HWY ONE, SUITE 3
NORTH PALM BEACH FL 33408

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.

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME C
STREET ADDRESS LENNON, HENRY B.D.S.
CITY-ST-ZIP 2499 GLADES ROAD #207
BOCA RATON FL 33431

TITLE ☐ Delete
NAME D
STREET ADDRESS WEINER, HOWARD M M.D.
CITY-ST-ZIP 9980 CENTRAL PARK BLVD., #102
BOCA RATON FL 33428

TITLE ☐ Delete
NAME S
STREET ADDRESS AUDETTE, JOHN
CITY-ST-ZIP 649 U.S. HWY ONE
NORTH PALM BEACH FL 33408

TITLE ☐ Delete
NAME T
STREET ADDRESS NADEL, JEFFREY C.P.A.
CITY-ST-ZIP 6540 N.W. 40TH COURT
BOCA RATON FL 33496

TITLE ☐ Delete
NAME D
STREET ADDRESS BURKE, ROBERT M.D.
CITY-ST-ZIP 5405 OKEECHOBEE BLVD., #101
WEST PALM BEACH FL 33417

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)