

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003464

1. Entity Name

PRIMARY CARE MEDICAL CENTERS OF AMERICA, INC.

**FILED**  
Feb 25, 2000 8:00 am  
**Secretary of State**

02-25-2000 90010 044 \*\*\*150.00

Principal Place of Business

125 WORTH AVE., SUITE 314  
PALM BEACH FL 33480

Mailing Address

125 WORTH AVE., SUITE 314  
PALM BEACH FL 33480-4430

2. Principal Place of Business

5601 N. DIXIE HIGHWAY

Suite, Apt. #, etc.

SUITE 411

3. Mailing Address

5601 N. DIXIE HIGHWAY

Suite, Apt. #, etc.

SUITE 411

City & State

FT LAUDERDALE, FLORIDA

City & State

FT. LAUDERDALE, FLORIDA

Zip

33334

Country

USA

Zip

33334

Country

USA

4. FEI Number

65-0839291

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

GOODNER, JAMES S  
125 WORTH AVE., SUITE 314  
PALM BEACH FL 33480

Name

Cecilio M. Rodriguez

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

5601 North Dixie Highway Suite 411

City

Fort Lauderdale

FL

Zip Code

33334

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, 2000 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 CP ☒ Delete  
NAME FERGUSON, THOMAS M  
STREET ADDRESS 125 WORTH AVE., SUITE 314  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE VST ☒ Delete  
NAME GOODNER, JAMES S  
STREET ADDRESS 125 WORTH AVE., SUITE 314  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE D ☒ Delete  
NAME HVIDE, J. ERIK  
STREET ADDRESS 2200 ELLER DRIVE  
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE D ☒ Delete  
NAME CALDERA, DONALD A  
STREET ADDRESS 125 WORTH AVENUE, STE. 314  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☐ Change ☒ Addition  
NAME ROBERT G. TANCREDI  
STREET ADDRESS 5601 N. DIXIE HIGHWAY #411  
CITY-ST-ZIP FT LAUDERDALE, FL 33334

TITLE SECRETARY/TREASURER ☐ Change ☒ Addition  
NAME CECILIO RODRIGUEZ  
STREET ADDRESS 5601 N DIXIE HIGHWAY #411  
CITY-ST-ZIP FT LAUDERDALE, FL 33334

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  
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 (9/99)