

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90414 033 ***150.00

DOCUMENT # F98000003464

1. Entity Name
PRIMARY CARE MEDICAL CENTERS OF AMERICA, INC.



Principal Place of Business
5601 N DIXIE HIGHWAY
STE 411
FORT LAUDERDALE FL 33334

Mailing Address
5601 N DIXIE HIGHWAY
STE 411
FORT LAUDERDALE FL 33334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0839291**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, CECILIO M
5601 N DIXIE HIGHWAY STE 411
FORT LAUDERDALE FL 33334

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **TANCREDI, ROBERT G**
STREET ADDRESS **5601 N DIXIE HWY #411**
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE **VICE President** ☐ Change ☒ Addition
NAME **TIMOTHY LINCOLN**
STREET ADDRESS **5601 N DIXIE HWY #411**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33334**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *TIMOTHY LINCOLN*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03 **954 202 1998**
Date Daytime Phone #

CR2E034 (10/02)