

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001790

1. Entity Name

PRCNETCARE.COM, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90044 031 \*\*\*150.00

Principal Place of Business Mailing Address  
% PRECISION RESPONSE CORPORATION % PRECISION RESPONSE CORPORATION  
1505 NW 167TH ST. 4TH FLOOR 1505 NW 167TH ST. 4TH FLOOR  
MIAMI FL 33169 MIAMI FL 33169-5146

A0055091



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0906007		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MONDRE, RICHARD D % PRECISION RESPONSE CORPORATION 1505 NW 167TH ST, 4TH FLOOR MIAMI FL 33169				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				8151 Peters Road			
				Suite 4000			
City				Plantation		FL	Zip Code 33324

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 Richard D. Mondre, Exec. V.P. & Secy. DATE 4/20/00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	C	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, MARK J	NAME	
STREET ADDRESS	1505 NW 167TH ST, 4TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	CITY-ST-ZIP	
TITLE	CEOD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPSTEIN, DAVID L	NAME	
STREET ADDRESS	1505 NW 167TH ST, 4TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	CITY-ST-ZIP	
TITLE	VSD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONDRE, RICHARD D	NAME	
STREET ADDRESS	1505 NW 167TH ST, 4TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	CITY-ST-ZIP	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRY, RICHARD N JR	NAME	
STREET ADDRESS	1505 NW 167TH ST, 4TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	CITY-ST-ZIP	
TITLE	VCFO	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'HARA, PAUL M	NAME	
STREET ADDRESS	1505 NW 167TH ST, 4TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	CITY-ST-ZIP	
TITLE	T	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLIS, JOSEPH E	NAME	
STREET ADDRESS	1505 NW 167TH ST, 4TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	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: JOSEPH E Gillis, Treasurer DATE 2/1/00 DAYTIME PHONE # 305-816-4029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)