2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007794

1. Entity Name

PRIMARY HEALTH ESSENTIALS, LLC

FILED

01 APR 19 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2511 PONCE DE LEON BLVD.. 5TH FLOOR CORAL GABLES FL 33134	2511 PONCE DE LEON BLVD.. 5TH FLOOR CORAL GABLES FL 33134

2. Principal Place of Business *2801 Ponce de Leon*

Suite, Apt. # etc. *Coral Gables Fl*

City & State *Suite 1060*

Zip *33134* Country *USA*

3. Mailing Address *2801 Ponce de Leon*

Suite, Apt. #, etc. *Suite 1060*

City & State *Coral Gables, FL*

Zip *33134* Country *USA*

DO NOT WRITE IN THIS SPACE

4. FEI Number *266-452283* Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, RAFAEL P
2511 PONCE DE LEON BLVD., 5TH FLOOR
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name *RAFAEL P PEREZ*

Street Address (P.O. Box Number is Not Acceptable) *2801 Ponce de Leon Suite 1060*

Coral Gables FL

City **FL** Zip Code *33134*

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE **MGR** NAME **PEREZ, RAFAEL P** STREET ADDRESS **2511 PONCE DE LEON BLVD., 5TH FLOOR** CITY-ST-ZIP **CORAL GABLES FL 33134**	☐ Delete	TITLE *MGR.* NAME *PEREZ, RAFAEL P.* STREET ADDRESS *2801 Ponce de Leon Suite 1060* CITY-ST-ZIP *Coral Gables, Fl 33134*	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 9000040833799--0 -04/27/01--01024--002 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Rafael P Perez*   *4-01-01*   *305-448-3167*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #