

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L97000000938

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: PRIMARY CARE PHYSICIANS, P.L.

Current Principal Place of Business:

5450 LYONS RD
APARTMENT 101
COCONUT CREEK, FL 330732823

Current Mailing Address:

5450 LYONS RD
APARTMENT 101
COCONUT CREEK, FL 330732823

New Principal Place of Business:

3460 W. HILLSBORO BLVD.
APARTMENT 104
COCONUT CREEK, FL 330732119 US

New Mailing Address:

3460 W. HILLSBORO BLVD.
APARTMENT 104
COCONUT CREEK, FL 330732119 US

FEI Number: 65-0779065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RODRIGUEZ, ANTONIO R
5450 LYONS RD
APARTMENT 101
COCONUT CREEK, FL 330732823 US

Name and Address of New Registered Agent:

RODRIGUEZ, ANTONIO R
3460 W. HILLSBORO BLVD.
APARTMENT 104
COCONUT CREEK, FL 330732119 US

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: ANTONIO R. RODRIGUEZ

04/29/2002

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: RODRIGUEZ, DAISY A M.D.
Address: 5450 LYONS RD APT. 101
City-St-Zip: COCONUT CREEK, FL 330732823

Title: MGRM () Delete
Name: RODRIGUEZ, JOSEPH A
Address: 5980 SW 15TH STREET
City-St-Zip: PLANTATION, FL

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RODRIGUEZ, DAISY A M.D.
Address: 3460 W. HILLSBORO BLVD., APT 104
City-St-Zip: COCONUT CREEK, FL 330732119 US

Title: MGRM (X) Change () Addition
Name: RODRIGUEZ, JOSEPH A M.D.
Address: 5980 SW 15TH STREET
City-St-Zip: PLANTATION, FL 333174612 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAISY A. RODRIGUEZ, M.D.

MGRM

04/29/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date