

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L97000000938

FILED
Apr 25, 2003
Secretary of State

Entity Name: PRIMARY CARE PHYSICIANS, P.L.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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, MD

MGRM

04/25/2003

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