

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003510

1. Entity Name
PRIMUS.MD, L.C.

Principal Place of Business
2499 W. GLADES RD., #207
BOCA RATON FL 33431

Mailing Address
P.O. BOX 871
DEERFIELD BEACH FL 33443-0871

FILED

01 JAN 22 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0884866

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GROGAN, P. ANTHONY
649 U.S. HWY ONE, SUITE 3
NORTH PALM BEACH FL 33408

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.

SIGNATURE _____ (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 NAME MGR LENNON, HENRY B.D.S. ☐ Delete
STREET ADDRESS 2499 GLADES ROAD, SUITE 207
CITY-ST-ZIP BOCA RATON FL 33431

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 600003575956--6
CITY-ST-ZIP -01/26/01--01023--017
*****100.00 *****50.00

TITLE NAME MGR AUDETTE, JOHN ☐ Delete
STREET ADDRESS 649 U.S. HWY ONE
CITY-ST-ZIP NORTH MIAMI BEACH FL 33408

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGR WEINER, HOWARD M.D. ☐ Delete
STREET ADDRESS 9980 CENTRAL PARK BLVD #102
CITY-ST-ZIP BOCA RATON FL 33428

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGR NADEL, JEFFREY C.P.A. ☐ Delete
STREET ADDRESS 6540 N.W. 40TH COURT
CITY-ST-ZIP BOCA RATON FL 33496

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGR BURKE, ROBERT M.D. ☐ Delete
STREET ADDRESS 5405 OKEECHOBEE BLVD., #101
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: John R Audette 01/18/01 954-7255813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)