2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2005
Secretary of State

DOCUMENT# L98000003510

Entity Name: PRIMUS.MD, L.C.

Current Principal Place of Business:

2499 W. GLADES RD., #207
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 871
DEERFIELD BEACH, FL 334430871

New Mailing Address:

FEI Number: 65-0884866 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ENRIQUEZ, STEPHEN CPA
1 SE THIRD AVENUE
SUITE 1440
MIAMI, FL 33131 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:	MGR	( ) Delete
Name:	LENNON, HENRY B.D.S.	
Address:	2499 GLADES ROAD, SUITE 207	
City-St-Zip:	BOCA RATON, FL 33431	
Title:	MGR	( ) Delete
Name:	AUDETTE, JOHN R	
Address:	100 NE SPANISH CT.	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	MGR	( ) Delete
Name:	WEINER, HOWARD M.D.	
Address:	9980 CENTRAL PARK BLVD #102	
City-St-Zip:	BOCA RATON, FL 33428	
Title:	MGR	( ) Delete
Name:	BURKE, ROBERT M.D.	
Address:	5405 OKEECHOBEE BLVD., #101	
City-St-Zip:	WEST PALM BEACH, FL 33417	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JOHN R. AUDETTE MGR 04/02/2005

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