

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # L99000000632

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1. Entity Name
Professional Insurance Enterprises, L.C.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2499 W. Glades Rd P.O. Box 871
Suite 207 Deerfield Beach, FL
Boca Raton, FL 33431 33443-0871

2. Principal Place of Business 3. Mailing Address
same as above same as above
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country
USA USA

4. FEI Number 65-0892084 Applied For Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Name P. Antony Grogan
Street Address (P.O. Box Number is Not Acceptable) 649 U.S. Hwy. One
Suite 3
City North Palm Beach FL Zip Code 33408

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 P. Antony Grogan P. Antony Grogan 11-17-00
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when re-registering) DATE

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

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP		(see attached list)	CITY-ST-ZIP		FF 50.00
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		300003474913-2
STREET ADDRESS			STREET ADDRESS		-11/27/00--01003--013
CITY-ST-ZIP			CITY-ST-ZIP		****611.25 *****50.00
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 John R. Audette 11/17/00 954-725-5813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)

PROFESSIONAL INSURANCE ENTERPRISES, L.C.

LIST OF MANAGING MEMBERS/MEMBERS

Chairman	Henry Lennon, B.D.S., 2499 Glades Road, #207, Boca Raton, FL, 33431
Vice-Chairman	Howard Weiner, M.D, 9980 Central Park Blvd., #102, Boca Raton, FL, 33428
Treasurer	Jeffrey Nadel, C.P.A., 6540 N.W. 40 th Court, Boca Raton, FL, 33496
Secretary	John Audette, 649 U.S. Hwy. One, North Palm Beach, FL, 33408
	Robert Burke, M.D., 5405 Okeechobee Blvd, #101, W. Palm Beach, FL, 33417

PRIMUS.MD, L.C.

P.O. Box 871
Deerfield Beach, FL 33443-0871

Main Line: 954-725-5813
Facsimile: 954-725-5814
E-Mail: primusdocs@aol.com

FACSIMILE

TO: Diane Cushing
FROM: John Audette
SUBJECT: Reinstatement of Corporations/Partnerships
DATE: November 6, 2000
FAXED TO: 850-410-1015
PAGES: 1

Per our conversation last week, I am writing to inquire about the status of the following corporate/partnership entities and to request reinstatement of any that were dissolved:

1. Primus.MD, L.L.C.
2. Primus Physician Services, Inc.
3. Primus Group, Inc.
4. Professional Insurance Enterprises, L.L.C.
5. Primus Health Care Foundation, Inc.
6. Primus Health Care Corporation

From October 1995 until August 1999, our address was 18350 N.W. 2 Avenue, Suite 400, Miami, Florida, 33169. Address change notices were filed with the U.S. Post Office in August, 1999 requesting that mail be forwarded to 350 N.W. 12 Avenue, Deerfield Beach, FL 33442. In December, 1999, we moved again to 111 S.W. 5 Avenue, Miami, FL 33130 and, once more, address change notices were promptly filed with the U.S. Post Office. Then, in July, 2000 we moved once again to 20 N.E. Second Avenue, Deerfield Beach, FL 33441, and, once again address change notices were promptly filed with the U.S. Post Office.

Unfortunately, much of our mail was never forwarded by the U.S. Postal Service. The bulk of it was marked "Addressee Unknown - Return To Sender." Consequently, among many other important items, Primus never received notices from the Secretary of State regarding annual report filings. We filed numerous inquiries and complaints with the U.S. Postal Service - Customer Service Division. The matter was finally remedied in late September 2000. The U.S. Postal Service claimed they never received the forwarding address orders. You may contact Karen Smith (USPS) at 305-639-5561 for verification of this. Now, all of our mail goes to the P.O. Box indicated above.

Just recently, we received notices from the Secretary of State that the first three above listed entities have been administratively dissolved because of failure to file annual reports on time. We do not know the status of the other entities listed above and have not received any notices about them. *We wish to reinstate all of the entities listed above and keep them all in good standing. Please advise as to what forms/fees we should submit to accomplish this goal. Thank you.*