

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N94000005951 (8)**

1. Corporation Name

PRIMUS HEALTH CARE FOUNDATION, INC.

Principal Place of Business

Mailing Address

**18350 NW 2ND AVENUE
SUITE 400
MIAMI FL 33169**

**20533 BISCAYNE BLVD.
#4457
AVENTURA FL 33180-1529**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/05/1994	3a. Date of Last Report 04/15/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0547499	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JUDE, JAMES R
18350 NW 2ND AVENUE
SUITE 400
MIAMI FL 33169**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

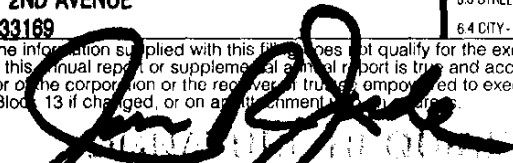
(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JUDE, JAMES R M.D.	1.2 NAME	
STREET ADDRESS	18350 NW 2ND AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	COSTA, GABRIEL M.D.	2.2 NAME	
STREET ADDRESS	18350 NW 2ND AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	2.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GOMEZ, ENRIQUE M.D.	3.2 NAME	
STREET ADDRESS	18350 NW 2ND AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	3.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MARQUEZ, JOSE M.D.	4.2 NAME	
STREET ADDRESS	18350 NW 2ND AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ALMEIDA, MARIO	5.2 NAME	
STREET ADDRESS	18350 NW 2ND AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	LEEDS, STUART M.D.	6.2 NAME	
STREET ADDRESS	18350 NW 2ND AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an addition.

SIGNATURE:



1/14/97

305-651-5353

CR2E037 (9/96)