

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 18350 NW 2ND AVENUE SUITE 400 MIAMI FL 33169		Mailing Address 20533 BISCAYNE BLVD. #4457 AVENTURA FL 33180	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30
3. Date Incorporated or Qualified 12/05/1994			
4. FEI Number 65-0547499			
Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent JUDE, JAMES R 18350 NW 2ND AVENUE SUITE 400 MIAMI FL 33169		10. Name and Address of New Registered Agent	
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 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 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 attachment with an address.

SIGNATURE: **X** **JAMES R. JUDE** **4/28/98** **305-651-5353**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)