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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000005951

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	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	12/05/1994
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0547499
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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 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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

JAMES R. JUDE

1/26/99

(305) 651-5353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)