

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-01-2001 90469 001 ***511.25

DOCUMENT # N94000005951

1. Entity Name

PRIMUS HEALTH CARE FOUNDATION, INC.

Principal Place of Business

Mailing Address

**2499 W. GLADES RD., SUITE 207
BOCA RATON FL 33431****P.O. BOX 871
DEERFIELD BEACH FL 33443-0871**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0547499

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GROGAN, P. ANTHONY
649 U.S. HWY ONE, SUITE 3
NORTH PALM BEACH FL 33408**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LENNON, HENRY B.D.S. 2499 GLADES ROAD, #207 BOCA RATON FL 33431	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINER, HOWARD M.D. 9980 CENTRAL PARK BLVD., E102 BOCA RATON FL 33428	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUDETTE, JOHN 649 U.S. HWY ONE NORTH PALM BEACH FL 33408	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE, ROBERT M.D. 5405 OKEECHOBEE BLVD., #101 WEST PALM BEACH FL 33417	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John R. Audette **John R. Audette** **2/16/01** **954 7255813**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John R. Audette **John R. Audette** **3/15/01** **954 7255813**

CR2E037 (10/00)