2002 UNIFORM BUSINESS REPORT (UBR)

0075918

DOCUMENT # N94000005951

1. Entity Name

PRIMUS HEALTH CARE FOUNDATION, INC.

FILED

02 MAY 14 PM 2:16

SECRETARY OF STATE

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

DO NOT WRITE IN THIS SPACE

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 John R. Audette Street Address (P.O. Box Number is Not Acceptable) 100 Spanish Court City Boca Raton FL Zip Code 33432

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 John R. Audette 4/26/02

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	☐ Change ☐ Addition 400005610924--8 -05/27/02--01003--004 ****311.25 *****61.25
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	☐ Change ☐ Addition
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	☒ Change ☐ Addition Audette, John 100 Spanish Court Boca Raton, FL 33432
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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED John R. Audette 4/26/02 (305)785-8964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #