2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (MBR)

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DOCU 1. Entity Nam PRIMUS H			03 Mar	FILED 25 AM 8:3	90				
1489 W. GLADI BOCA RATON	I.E. Spanish Court	Palm Beach FL 33443	X BEE 30862 LD BEACH FL 334430871 KIM Beech Gerdons, PC			SECRETARY OF STATE TALLAHASSEE. FLORIDA			
Boca Raton, FC 33432-4124 2. Principal Place of Business 3. Mailing Address 6.0. Box 30			33426-0 0862	>8@S					
Suite, Apt.		☐ CHECK HERE IF MAKING CHANGES							
City & State	eaton FL	Palm Boach	Erdens	R	4. FEI Number 65-0547499 Applied For Not Applicable				
Zip 33432	Country	33420-0862	Country USA		5. Certificate of Sta	tus Desired	\$8.75 Add Fee Required	titional	
·L	6. Name and Address of Current F	Name	7. Name and Address of New Registered Agent Name						
AUDETTO		Street Address (P.O. Box Number is Not Acceptable)							
100 SPAN		Sireer Address (F.O. Box Nulliber is Not Acceptable)							
, DUUM NA	TON FL 33432		City				Zip Code	e	
R The above		enistere	d agent or both in th	ne State of Florida.	TL				
SIGNATURE .	Signature, typed or printed name of registered agent as	Registered Agent signature paign Financing ntribution.		\$5.00 May Be Added to Fees		neck Payable to			
10.	OFFICERS AND DIR	ECTORS	11			S TO OFFICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LENNON, HENRY B.D.S. 2499 GLADES ROAD, #207 BOCA RATON FL 33431	Resigned	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ed 9 596 Les	gar Mitch 8 Wester 1 tana, Fl	~ ((n W ~ y - 33463	Chairma Chairma Chief Sig	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINER, HOWARD M.D. 9980 CENTRAL PARK BLVD., E103 BOCA RATON FL 33428	r	TITLE NAME STREET ADDRESS CITY-ST-ZIP	K06	art Kul Nighting	९०३	☐ Change	M Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ident + CEO	TITLE NAME STREET ADDRESS CITY-ST-ZIP	* , :			Change	Addition	
TITLE	D BURKE, ROBERT M.D. 5405 OKEECHOBEE BLVD., #101 WEST PALM BEACH FL 33417	Treasurer Delete Resigned	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	∏ Addition (
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		000 03/11/0	001392 ⁰³ 01054(Change 2550 010 **31	Addition	
TITLE VAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

MADDESSELLIPEDJohn R. Audette 3/3/03

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