

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000094305

FILED
Apr 26, 2002 8:00 AM
Secretary of State

Entity Name: PRIMENET MEDICAL ASSOCIATES, INC.

Current Principal Place of Business:

3900 NW 79 AVENUE
SUITE 255
MIAMI, FL 33166

New Principal Place of Business:

13760 SW 56TH STREET
SUITE H
MIAMI, FL 33175

Current Mailing Address:

3900 NW 79 AVENUE
SUITE 255
MIAMI, FL 33166

New Mailing Address:

13760 SW 56TH STREET
SUITE H
MIAMI, FL 33175

FEI Number: 65-1050842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, J. RAYMOND
3900 NW 79 AVENUE
SUITE 225
MIAMI, FL 33166

Name and Address of New Registered Agent:

TORRES, JOSE R
13760 SW 56TH STREET
SUITE H
MIAMI, FL 33175

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: JOSE R. TORRES

04/26/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TORRES, J. RAYMOND
Address: 10405 BERMUDA DRIVE
City-St-Zip: COOPER CITY, FL 33026

Title: D (X) Delete
Name: TORRES, MAGGIE
Address: 10405 BERMUDA DRIVE
City-St-Zip: COOPER CITY, FL 33026

Title: D (X) Delete
Name: TORRES, JOSE RAMON
Address: 10405 BERMUDA DRIVE
City-St-Zip: COOPER CITY, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TORRES, JOSE R
Address: 13760 SW 56TH STREET
City-St-Zip: MIAMI, FL 33175

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE R. TORRES

PD

04/26/2002

Electronic Signature of Signing Officer or Director

Date