

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 25 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000106646**

1. Entity Name

**PRIMARY CARE PRACTITIONERS OF
PALM BEACH**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4723 W. ATLANTIC AVE

3. Mailing Address

4723 Atlantic Ave

Suite, Apt. #, etc.

A-10

Suite, Apt. #, etc.

A-10

City & State

DELRAY FL

City & State

Delray FL

Zip

33454

Country

Zip

33454

Country

4. FEI Number

65-1154746

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Ivory Joe Christen

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

10641 SW 37th PL

City

Davie

FL

Zip Code

33328

**DO NOT WRITE
IN THIS SPACE**

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)

9-30-02

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**P
IVORY JOE CHRISTEN
10641 SW 37th PL
Davie FL 33328**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**400008591464
10/25/02--01041--014 **395.00**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VP
SCOTT ENGLISH
10641 SW 37th PL
Davie FL 33328**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**400008591464
10/25/02--01041--015 **155.00**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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NAME

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CITY - ST - ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-30-02

Date

Daytime Phone #

CR2E034B (12/01)



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

October 8, 2002

PRIMARY CARE PRACTITIONERS OF PALM BEACH, INC.
4723 W. ATLANTIC AVENUE, A-10
DELRAY, FL 33454

SUBJECT: PRIMARY CARE PRACTITIONERS OF PALM BEACH, INC.
Ref. Number: P01000106646

We have received your document for PRIMARY CARE PRACTITIONERS OF PALM BEACH, INC. and check(s) totaling \$550.00. However, your check(s) and document are being returned for the following:

Please provide the entity's principal and mailing addresses.

There is not a registered agent designated on the report. Please enter the current registered agent's name and Florida street address. If this is a change from the registered agent previously filed with this office, the new agent must sign accepting the designation.

List the street address of each officer/director listed on the report or on an attachment.

- The signature(s) on the report must be original and in ink. A photocopy or stamped signature is not acceptable.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton
Document Specialist

Letter Number: 802A00056249