


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000006752**

1. Entity Name  
 PRIMECARE OF CORAL GABLES, P.A.



Principal Place of Business  
 299 ALHAMBRA CIR.  
 CORAL GABLES, FL 33134...

Mailing Address  
 299 ALHAMBRA CIR.  
 CORAL GABLES, FL 33134



01122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 01-0577082

Applied For  
 Not Applicable

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

5. Name and Address of Current Registered Agent

ROSEN, JEFFREY  
 299 ALHAMBRA CIR.  
 CORAL GABLES, FL 33134

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROSEN, JEFFREY
STREET ADDRESS	299 ALHAMBRA CIR.
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	SILBERMAN, HAROLD
STREET ADDRESS	299 ALHAMBRA CIR.
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

UD0000198789  
 01/27/05-80065-019 150.00

**DO NOT WRITE IN THIS SPACE**

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

SIGNATURE:   1/27/05 305-443-3001

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