

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90155 014 ***150.00

DOCUMENT # P02000066549

1. Entity Name
PRIMEHEALTH HOLDINGS, INC.



Principal Place of Business

~~1051 S PARK RD SUITE 300~~
~~HOLLYWOOD FL 33021~~

Mailing Address

~~1051 S PARK RD SUITE 300~~
~~HOLLYWOOD FL 33021~~

2. Principal Place of Business

11887 NW 69TH PLACE

3. Mailing Address

11887 NW 69TH PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PARKLAND, FL

City & State

PARKLAND, FL

Zip 33076

Country U.S.A.

Zip 33076

Country U.S.A.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

42-1541298

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAPANSKY, A. PAUL

~~1051 S PARK RD SUITE 300~~
~~HOLLYWOOD FL 33021~~

7. Name and Address of New Registered Agent

Name

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

11887 NW 69TH PLACE

City

PARKLAND

FL

Zip Code

33076

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

A. Shapansky
Signature, typed or printed name of registered agent and title if applicable.

PRESIDENT

APRIL 21, 2003

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	A. PAUL SHAPANSKY <input type="checkbox"/> Delete DIRECTOR + PRESIDENT
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ROBERT L. RUBIN <input type="checkbox"/> Delete DIRECTOR + SECRETARY/TREAS.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	WINFRED H. STRINGER, M.D. <input type="checkbox"/> Delete DIRECTOR + MEDICAL DIR.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	A. PAUL SHAPANSKY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11887 NW 69TH PLACE PARKLAND, FL 33076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ROBERT L. RUBIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1400 S. UNIVERSITY BLVD, STE A MOBILE, AL 36609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	WINFRED H. STRINGER, M.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1400 S. UNIVERSITY BLVD, STE A MOBILE, AL 36609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:

A. Shapansky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A.P. SHAPANSKY

4/21/03 954-648-6705

Date

Daytime Phone #

CR2E034 (10/02)