

Feb. 27. 2004 2:23PM

FILED  
Mar 17, 2004 8:00 am  
Secretary of State

03-08-2004 90045 022 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P0300064846</b>	
1. Entity Name <b>PRIMECARE GENERAL PARTNER, INC.</b>	



Principal Place of Business <b>4000 HOLLYWOOD BOULEVARD SUITE 485 SOUTH HOLLYWOOD, FL 33021</b>	Mailing Address <b>4000 HOLLYWOOD BOULEVARD SUITE 485 SOUTH HOLLYWOOD, FL 33021</b>
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66406528



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02272004 Chg-P CP2E094 (10/03)

City & State	City & State
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4. FEI Number <b>20-0167042</b>	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>KRAMER, ROBERT M 4000 HOLLYWOOD BOULEVARD SUITE 485 SOUTH HOLLYWOOD, FL 33021</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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
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<b>FILE NOW!! FEB IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KUTNER, MARK E</b> <b>10095 NORTH KENDALL DRIVE #102</b> <b>MIAMI, FL 33176</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MATZA, DALE J</b> <b>10095 NORTH KENDALL DRIVE #102</b> <b>MIAMI, FL 33176</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, ERIC S</b> <b>10095 NORTH KENDALL DRIVE #102</b> <b>MIAMI, FL 33176</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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 11B.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 empowerments.

SIGNATURE: <i>Eric Smith</i>	DATE: <b>3/4/04</b>	REGISTRATION NO: <b>305 5955453</b>
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