


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90016 044 \*\*\*150.00

**DOCUMENT # P03000064846**

1. Entity Name  
**PRIMECARE GENERAL PARTNER, INC.**



Principal Place of Business      Mailing Address

**4000 HOLLYWOOD BOULEVARD**      **4000 HOLLYWOOD BOULEVARD**  
**SUITE 485 SOUTH**                      **SUITE 485 SOUTH**  
**HOLLYWOOD, FL 33021**                **HOLLYWOOD, FL 33021**

40000908



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

01062005      Chg-P      CR2E034 (10/03)

City & State                              City & State

4. FEI Number                              Applied For

**20-0167042**                              Not Applicable

Zip      Country                              Zip      Country

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

**6. Name and Address of Current Registered Agent**

**KRAMER, ROBERT M**  
**4000 HOLLYWOOD BOULEVARD**  
**SUITE 485 SOUTH**  
**HOLLYWOOD, FL 33021**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KUTNER, MARK E</b>
STREET ADDRESS	<b>10095 NORTH KENDALL DRIVE #102</b>
CITY-ST-ZIP	<b>MIAMI, FL 33176</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MATZA, DALE J</b>
STREET ADDRESS	<del>10095 NORTH KENDALL DRIVE #102</del>
CITY-ST-ZIP	<b>MIAMI, FL 33176</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SMITH, ERIC S</b>
STREET ADDRESS	<b>10095 NORTH KENDALL DRIVE #102</b>
CITY-ST-ZIP	<b>MIAMI, FL 33176</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** Eric Smith      1/5/05      305 595 5455

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