

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000015113**

1. Entity Name

PRIMECARE MEDICAL ASSOCIATES, INC.**FILED**
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90059 015 ***158.75

Principal Place of Business

**7315 SW 87TH AVENUE
SUITE 100
MIAMI FL 33173**

Mailing Address

**7315 SW 87TH AVENUE
SUITE 100
MIAMI FL 33173**

2. Principal Place of Business

7800 S.W. 87 AVENUE

Suite, Apt. #, etc.

C 300

3. Mailing Address

7800 S.W. 87 AVENUE

Suite, Apt. #, etc.

C 300

City & State

MIAMI, FL

City & State

MIAMI, FL.

Zip

33173

Country

USA

Zip

33173

Country

USA

4. FEI Number

65-0404339

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WEIDNER, DONALD W ESQ.
11265 ALUMNI WAY
STE 201
JACKSONVILLE FL 32256**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	CEOP	<input type="checkbox"/> Delete
NAME	MEYERSON, STEVEN J MD	
STREET ADDRESS	7800 SW 87TH AVE C-300	
CITY-ST-ZIP	MIAMI FL	

TITLE	EVP	<input type="checkbox"/> Delete
NAME	ROSEN, JEFFREY MD	
STREET ADDRESS	299 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE	ST	<input type="checkbox"/> Delete
NAME	SMITH, ERIC S MD	
STREET ADDRESS	10095 N KENDALL DR, SUITE 102	
CITY-ST-ZIP	MIAMI FL 33176	

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		

12. 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		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day to Phone #

4/30/01 305-273-1013

CR2E034 (10/00)