

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000047355

1. Entity Name

PRIMARY CARE SPECIALISTS, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90098 003 ***150.00

Principal Place of Business

3885 OAKWATER CIRCLE
SUITE 103
ORLANDO FL 32806
US

Mailing Address

3885 OAKWATER CIRCLE
SUITE 103
ORLANDO FL 32806-6264
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3209227

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLT, SHAMUS M
3885 OAKWATER CIRCLE
ORLANDO FL 32806

Name

CT Corporation System

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

1200 S. Pine Island Rd.

City

Plantation

FL

Zip Code

33324

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

CT Corporation System

3/27/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GARVEN, SARAH C
STREET ADDRESS 990 HAMMOND DRIVE, SUITE 300
CITY-ST-ZIP ATLANTA GA 30325 ☐ Delete

TITLE
NAME SARAH C. GARVIN ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VS
NAME RODGERS, THOMAS M JR.
STREET ADDRESS 990 HAMMOND DRIVE, SUITE 300
CITY-ST-ZIP ATLANTA GA 30325 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME RASMUSSEN, GARY
STREET ADDRESS 990 HAMMOND DRIVE, SUITE 300
CITY-ST-ZIP ATLANTA GA 30325 ☒ Delete

TITLE Treasurer
NAME C. David Rhoton
STREET ADDRESS 990 Hammond Dr., Ste. 300
CITY-ST-ZIP Atlanta, GA 30328 ☐ Change ☒ Addition

TITLE AS
NAME DEUPREE, DARCI A ESQ.
STREET ADDRESS 990 HAMMOND DRIVE, SUITE 300
CITY-ST-ZIP ATLANTA GA 30325 ☒ Delete

TITLE Assistant Secretary
NAME Alan H. Matilsky
STREET ADDRESS 990 Hammond Dr., Ste. 300
CITY-ST-ZIP Atlanta, GA 30328 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Alan H. Matilsky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan H. Matilsky, Assistant Secretary

3/27/00

Date

770/673-1964

Daytime Phone #

CR2E034 (9/99)