

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05/02/02
 AT

DOCUMENT # P93000047355
 1. Entity Name
PRIMARY CARE SPECIALISTS, INC.

05-14-2002 90329 009 ***150.00

Principal Place of Business Mailing Address
3385 OAKWATER CIRCLE **2651 HAMPTON PARK DR**
SUITE 103 **MARIETTA GA 30062**
ORLANDO FL 32806 **US**
US



2. Principal Place of Business 3. Mailing Address
4711 Curry Ford Road **4711 Curry Ford Road**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite B **Suite B**

DO NOT WRITE IN THIS SPACE

City & State City & State
Orlando, FL **Orlando, FL**
 Zip Country Zip Country
32812 **USA** **32812** **USA**

4. FEI Number Applied For
59-3209227 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
Gerald J. Kivett, M.D.
 Street Address (P.O. Box Number is Not Acceptable)
4711 Curry Ford Road, Suite B
 City **Orlando** State **FL** Zip Code **32812**

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 *Gerald J. Kivett, M.D.* **Gerald J. Kivett, M.D.** DATE **4/17/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PDS SWEET, CHARLES 2651 HAMPTON PARK DRIVE MARIETTA GA 30062 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEBB, SUSAN 2651 HAMPTON PARK DRIVE MARIETTA GA 30062 <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kivett, Gerald J., M.D. 4711 Curry Ford Road, Suite B Orlando, FL 32812 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 667, 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 live empowered.

SIGNATURE: *Gerald J. Kivett, M.D.* **Gerald J. Kivett, M.D.** DATE **4/17/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)