

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90329 009 ***150.00

DOCUMENT # P93000047355

1. Entity Name
PRIMARY CARE SPECIALISTS, INC.

Principal Place of Business

**3385 OAKWATER CIRCLE
 SUITE 103
 ORLANDO FL 32806
 US**

Mailing Address

**2651 HAMPTON PARK DR
 MARIETTA GA 30062
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4711 Curry Ford Road

Suite, Apt. #, etc.
Suite B

City & State
Orlando, FL

Zip
32812

Country
USA

3. Mailing Address

4711 Curry Ford Road

Suite, Apt. #, etc.
Suite B

City & State
Orlando, FL

Zip
32812

Country
USA

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

**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** **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

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

Gerald J. Kivett, M.D.

(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, 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 **PDS** ☒ Delete
 NAME **SWEET, CHARLES**
 STREET ADDRESS **2651 HAMPTON PARK DRIVE**
 CITY-ST-ZIP **MARIETTA GA 30062**

TITLE **V** ☒ Delete
 NAME **WEBB, SUSAN**
 STREET ADDRESS **2651 HAMPTON PARK DRIVE**
 CITY-ST-ZIP **MARIETTA GA 30062**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **Kivett, Gerald J., M.D.**
 STREET ADDRESS **4711 Curry Ford Road, Suite B**
 CITY-ST-ZIP **Orlando, FL 32812**

TITLE ☐ Change ☐ Addition
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 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 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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)