

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000072795

1. Entity Name

FLORIDA PHYSICIANS NETWORK PRIME CARE, INC.

Principal Place of Business

340 E. DANIA BEACH BLVD
DANIA FL 33004

Mailing Address

3050 BISCAYNE BLVD
STE 801
MIAMI FL 33137

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3050 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 502

City & State

Miami Florida

Zip

33137

Country

US

4. FEI Number

65-0445499

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAW OFFICE OF CRAIG M. DORNE, P.A.
3050 BISCAYNE BLVD
STE 801
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name

Law Office of Craig M. Dorne

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

3050 Biscayne Boulevard

Suite 502

City

Miami

FL

Zip Code

33137

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PVD ☐ Delete
NAME DORNE, ALAN
STREET ADDRESS 3050 BISCAYNE BLVD #801
CITY-ST-ZIP MIAMI FL 33137

TITLE DTS ☐ Delete
NAME QUINTANA, VILMA D
STREET ADDRESS 3050 BISCAYNE BLVD #801
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3050 Biscayne Blvd., #502
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3050 Biscayne Blvd., #502
CITY-ST-ZIP

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)