2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

CECILIO F. GOT

Gonzalez

FILED DOCUMENT # P93000087966 Apr 03, 2000 8:00 am Secretary of State 1. Entity Name PRIME CARE HEALTH CENTER, INC. 04-03-2000 90119 046 ***158.75 Principal Place of Business Mailing Address P O BOX 14-1416 2409 N W 17 AVE CORAL GABLES FL 33114-1416 6601 SW 48TH ST MIAMI FL 33142 HS 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0462922 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired **Fee Required** 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GONZALEZ, CECILIO F Street Address (P.O. Box Number is Not Acceptable) 6932 SUNRISE TERRACE CORAL GABLES FL 33133 Zip Code FL 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 (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete AGUILAR, JUAN CARLOS NAME NAME STREET ADDRESS STREET ADDRESS 8265 S W 2ND STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Change ☐ Addition ST Delete TITLE NAME GONZALEZ, CECILIO F NAME STREET ADDRESS STREET ADDRESS **6932 SUNRISE TERRACE** CITY-ST-ZIP CITY-ST-7IP **CORAL GABLES FL 33133** Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TIT! F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 st 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.