

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90039 036 \*\*\*163.75

**DOCUMENT #** P93000087966

1. Entity Name

PRIME CARE HEALTH CENTER, INC. ✓

Principal Place of Business

Mailing Address

2409 N.W. 117 Avenue  
 Miami, Fl. 33142  
 US

P.O. BOX 14-1416  
 CORAL GABLES, FL. 33114-1416  
 US

2. Principal Place of Business

2409 N.W. 17 AVENUE

3. Mailing Address

P.O. BOX 14-1416

Suite, Apt. #, etc.

Suite, Apt. #, etc.

770014

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

CORAL GABLES, FL.

4. FEI Number

65-0462922

Applied For

Not Applicable

Zip

33142

Country

US

Zip

33114-1416

Country

US

6. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, CECILIO F.  
 7574 S.W. 77th COURT  
 MIAMI, FLORIDA 33143

7. Name and Address of New Registered Agent

Name

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

7574 S.W. 77th COURT

City MIAMI

FL

Zip Code 33143

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 re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

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 P  Delete  
 NAME AGUILAR, JUAN CARLOS  
 STREET ADDRESS 8265 S. W. 2nd Street  
 CITY-ST-ZIP Miami, Florida

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ST  Delete  
 NAME GONZALEZ, CECILIO F.  
 STREET ADDRESS 7574 S. W. 77th COURT  
 CITY-ST-ZIP MIAMI FL. 33143

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
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 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)(f), 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 Printed Name of Registered Agent or Director

Cecilio F. Gonzalez, Secretary/Treasurer

05-01-2001

Date

(305) 633-9494

Daytime Phone #

CPZ004 (11/00)