

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # P94000049221**1. Entity Name
PRIMEDICA HEALTHCARE, INC.

Principal Place of Business	Mailing Address
4651 SHERIDAN ST SUITE 400 HOLLYWOOD FL 33021	4651 SHERIDAN ST SUITE 400 HOLLYWOOD FL 33021

2. Principal Place of Business 1613 NORTH HARRISON PARKWAY	3. Mailing Address 1613 NORTH HARRISON PARKWAY
---	---

Suite, Apt. #, etc. SUITE 200	Suite, Apt. #, etc. SUITE 200
----------------------------------	----------------------------------

City & State SUNRISE FL	City & State SUNRISE FL
----------------------------	----------------------------

Zip 33323	Country	Zip 33323	Country
--------------	---------	--------------	---------

4. FEI Number 65-0500418	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARTUS JAY A
4651 SHERIDAN STREET
SUITE 400
HOLLYWOOD FL 33021 US

7. Name and Address of New Registered Agent

Name
MARTUS JAY A
Street Address (P.O. Box Number is Not Acceptable)
1613 NORTH HARRISON PARKWAY
SUITE 200
City
SUNRISE FL Zip Code
33323

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 _____ **02/23/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
VP	DROZDOW GILBERT	4651 SHERIDAN STREET, SUITE 400 HOLLYWOOD FL 33021		
	CFOD	COWARD ROBERT	4651 SHERIDAN ST., STE 400 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
	EVPD	GOLD LEWIS	4651 SHERIDAN STREET, SUITE 400 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
	PD	EISENBERG MITCHELL	4651 SHERIDAN STREET, SUITE 400 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
	VPS	MARTUS JAY A	4651 SHERIDAN STREET, SUITE 400 HOLLYWOOD FL 33131	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	CFOD	COWARD ROBERT	1613 NORTH HARRISON PARKWAY, SUITE 200 SUNRISE FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	EVPD	GOLD LEWIS	1613 NORTH HARRISON PARKWAY, SUITE 200 SUNRISE FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	PD	EISENBERG MITCHELL	1613 NORTH HARRISON PARKWAY, SUITE 200 SUNRISE FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	VPS	MARTUS JAY A	1613 NORTH HARRISON PARKWAY, SUITE 200 SUNRISE FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<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 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: Jay A. Martus

VP 02/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)