

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 20 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000090854 (8)

1. Corporation Name:  
PRIMUS HEALTH CARE CORPORATION

Principal Place of Business

18350 N.W. 2ND AVE.  
SUITE 400  
MIAMI FL 33169

Mailing Address

20533 BISCAYNE BLVD.  
#4457  
AVENTURA FL 33180-1529



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/05/1994

3a. Date of Last Report

04/15/1996

4. FEI Number

65-0540522

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JUDE, JAMES R M.D.  
18350 N.W. 2ND AVE.  
SUITE 400  
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.005, Florida Statutes.

SIGNATURE

Signature of registered agent or officer of corporation and the filer of the report.

NOTE: Registered Agent signature required when re-stating.

DATE

1/28/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
C	JUDE, JAMES R MD	18350 NW 2ND AVE. #400	MIAMI FL 33169	<input type="checkbox"/>
VC	COSTA, GABRIEL MD	18350 N.W. 2ND AVE. #400	MIAMI FL 33169	<input type="checkbox"/>
S	GOMEZ, ENRIQUE MD	18350 NW 2ND AVE. #400	MIAMI FL 33169	<input type="checkbox"/>
T	MARQUEZ, JOSE MD	18350 N.W. 2ND AVE. #400	MIAMI FL 33169	<input type="checkbox"/>
D	ALMEIDA, MARIO MD	18350 N.W. 2ND AVE. #400	MIAMI FL 33169	<input type="checkbox"/>
D	BIRNBACH, STEVEN MD	18350 N.W. 2ND AVE. #400	MIAMI FL 33169	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information submitted 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 annual report or supplemental annual 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 appointed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/97 305-651-5353

CR2E034 (9/96)