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FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	JUDE, JAMES R MD	
STREET ADDRESS	18350 NW 2ND AVE. #400	
CITY-ST-ZIP	MIAMI FL 33169	

TITLE	VC	<input type="checkbox"/> DELETE
NAME	COSTA, GABRIEL MD	
STREET ADDRESS	18350 N.W. 2ND AVE. #400	
CITY-ST-ZIP	MIAMI FL 33169	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GOMEZ, ENRIQUE MD	
STREET ADDRESS	18350 NW 2ND AVE. #400	
CITY-ST-ZIP	MIAMI FL 33169	

TITLE	T	<input type="checkbox"/> DELETE
NAME	MARQUEZ, JOSE MD	
STREET ADDRESS	18350 N.W. 2ND AVE. #400	
CITY-ST-ZIP	MIAMI FL 33169	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ALMEIDA, MARIO MD	
STREET ADDRESS	18350 N.W. 2ND AVE. #400	
CITY-ST-ZIP	MIAMI FL 33169	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BIRNBACH, STEVEN MD	
STREET ADDRESS	18350 N.W. 2ND AVE. #400	
CITY-ST-ZIP	MIAMI FL 33169	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	See. manasa, monica M.D.
3.3 STREET ADDRESS	18350 NW 2nd Ave #400
3.4 CITY-ST-ZIP	MIAMI, FL 33169

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 empowered 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 my address.

SIGNATURE: X

James E. Jude

4/28/98 305-651-5353

CR2E034 (1097)