≈2000 UNIFORM BUSINESS REPORT (UBR)								
DOCUMENT # P94 0000 90854 1. Entity Name					FILED			
Primus Health Care Corporation					00 NOV 21 PM 2: 36			
Trinas near our our our					SECRETARY OF STATE			
Principal Place of Business Mailing Address 249940 Fo Box 87					TALLAHASSEE, FLORIDA			
2499 W. Glades Rd TOBOX 871 #207 Deerfield Beach, FL				_				
Boca Raton, FL 33431 33443-0871								
Principal Place of Business 3. Mailing Address								
Suite, Apt. #	IME AS ABUE SAME AS ABOUE Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State	City & State			4.	FEI Number 65-0540522		pplied For	
Zip	Country	Zip	Country	1	Certificate of Status Desired	\$8.75 Add		
	6. Name and Address of Current F	Registered Agent	0/201	7.	Name and Address of New Registered A			
Name P. Antony Grogan								
	Street Address				(P.O. Box Number is Not Acceptable)			
	Sui				te 3			
•			City	rdh	Ram Beach FL	Zip Cod	<u>م</u> ر	
8. The above named entry submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida.								
SIGNATURE Signature, typed or printed name of refusered agent and type it applicable. (NOTE: Registered Agent signature required when reinstating) DATE OO								
9. 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: 2000 Fee will be \$550.00 Make Check Payable to Department of State								
11.	OFFICERS AND D		12.	ΑI	DDITIONS/CHANGES TO OFFICERS AND			
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition §	
STREET ADDRESS CITY-ST-ZIP	(see attach	ed (int)	STREET ADDRESS CITY-ST-ZIP		EE 150 Oil			
TITLE		☐ Delete	TITLE		400003474	t j thange	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS		- 11/27/00-0: ****611.25-	. 	50.99 .	
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		- Delete	TITLE NAME		س کے ایکسٹ کے ایکسٹ ایکسٹ ایکسٹ ایکسٹ کی	☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS	-	400003474 9 -11/27/0001	- 1 003(
CITY-ST-ZIP		□ Dalata	CITY-ST-ZIP		<u>****611.25</u>	****15 ☐ Change	D.DD Addition	
TITLE NAME		□ Delete	NAME			Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE .			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP			<u>_</u>	·	
TITLE NAME		☐ Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS		A .			
13. I hereby ce	rtify that the information supplied with	this filing does not qualify for t	CITY-ST-ZIP	in Section	119.07(3)(i), Florida Statutes, Lifurther certi	fy that the in	nformation	
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: SIGNATURE: John R. Hudette 11 (6/00 954-725-5813) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytome Phone #								

PRIMUS HEALTH CARE CORPORATION

LIST OF OFFICERS & DIRECTORS

Chairman Henry Lennon, B.D.S., 2499 Glades Road, #207, Boca Raton, FL, 33431

Vice-Chairman Howard Weiner, M.D, 9980 Central Park Blvd., #102, Boca Raton, FL, 33428

Treasurer Jeffrey Nadel, C.P.A., 6540 N.W. 40th Court, Boca Raton, FL, 33496

Secretary John Audette, 649 U.S. Hwy. One, North Palm Beach, FL, 33408

Robert Burke, M.D., 5405 Okeechobee Blvd, #101, W. Palm Beach, FL, 33417

PRIMUS.MD, L.C.

P.O. Box 871

Deerfield Beach, FL 33443-0871

Main Line:

954-725-5813

Facsimile:

954-725-5814

E-Mail: primusdocs@nol.com

FACSIMILE

TO:

Diane Cushing

FROM:

John Audette

SUBJECT:

Reinstatement of Corporations/Partnerships

DATE:

November 6, 2000

FAXED TO:

850-410-1015

PAGES:

1

Per our conversation last week, I am writing to inquire about the status of the following corporate/partnership entities and to request reinstatement of any that were dissolved:

- 1. Primus.MD, L.L.C.
- 2. Primus Physician Services, Inc.
- 3 Primus Group, Inc.
- 4. Professional Insurance Enterprises, L.L.C.
- Primus Health Care Foundation, Inc.
- 6. Primus Health Care Corporation

From October 1995 until August 1999, our address was 18350 N.W. 2 Avenue, Suite 400, Miami, Florida, 33169. Address change notices were filed with the U.S. Post Office in August, 1999 requesting that mail be forwarded to 350 N.W. 12 Avenue, Deerfield Beach, FL 33442. In December, 1999, we moved again to 111 S.W. 5 Avenue, Miami, FL 33130 and, once more, address change notices were promptly filed with the U.S. Post Office. Then, in July, 2000 we moved once again to 20 N.E. Second Avenue, Deerfield Beach, FL 33441, and, once again address change notices were promptly filed with the U.S. Post Office.

Unfortunately, much of our mail was never forwarded by the U.S. Postal Service. The bulk of it was marked "Addressee Unknown - Return To Sender." Consequently, among many other important items, Primus never received notices from the Secretary of State regarding annual report filings. We filed numerous inquiries and complaints with the U.S. Postal Service - Customer Service Division. The matter was finally remedied in late September 2000. The U.S. Postal Service claimed they never received the forwarding address orders. You may contact Karen Smith (USPS) at 305-639-5561 for verification of this. Now, all of our mail goes to the P.O. Box indicated above.

Just recently, we received notices from the Secretary of State that the first three above listed entities have been administratively dissolved because of failure to file annual reports on time. We do not know the status of the other entities listed above and have not received any notices about them. We wish to reinstate all of the entities listed above and keep them all in good standing. Please advise as to what forms/fees we should submit to accomplish this goal. Thank you.

せがってん ノークさくかりまし