2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address P.O. BOX 771423

DOCUMENT # P95000073279

1. Entity Name

PRIMECARE, INC.

Principal Place of Business

CORAL SPRINGS FL 33071			P.O. BOX 771423 CORAL SPRINGS FL 33077-1423 US					0410		- 88(6 16)1 188(
2. Principal Place of Business		3	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE I	N THIS SF	ACE.		
City & State			City & State			4. F	4. FEI Number 65-0610813			Applied For Not Applicable]
Zip	Country		Zip	Coun	ry	5. 0	Certificate of Status Desired	S8.75 Additional Fee Required			
	6. Name and Address of Cur	rent Rec	Jistered Agent			7. N	Name and Address of New Regi	stered Aç	jent]
					Name						
KISSANE, DENISE R 11219 NW 21 ST.					Street Address (P.O. Box Number is Not Acceptable)						1
CORA	AL SPRINGS FL 33071										
					City			FL	Zip Co	de	1
8. The above	named entity submits this stateme	ent for the	e purpose of changing its	registere	d office or	registered age	ent, or both, in the State of Florida	3.			1
SIGNATURE _	Signature, typed or printed name of registered	enent and t	itta it applicable (NOT	F: Registere	1 Agent signal	ure required when re	einstating)	DATE			
	Signature, types of printed have of registered		<u> </u>				T				\dashv
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 Str			50.00	10. Election Campaign Finance Trust Fund Contribution.	cing		.00 May Be ed to Fees	
11.	OFFICERS	AND DIF	RECTORS	12.		AD	DITIONS/CHANGES TO OFFICE	RS AND I	DIRECTO	RS IN 11]
TITLE	DS		☐ Delete	TITLE			<u>-</u>		☐ Change	☐ Addition	Š
NAME	KISSANE, DENISE R		•	NAM	F	}					15
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CITY-ST-ZIP	CORAL SPRINGS FL			CITY	-ST-ZIP						- 5
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	CAPE CORAL FL 33904		- Delete -	—		Ingria	701 - 71	- 10 1	Change	Addition	1
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TITLE			☐ Delete	TITL		}			☐ Change	e 🗌 Addition	-
NAME STREET ADDRESS				NAM STRE	et address						
CITY-ST-ZIP	,				-ST-ZIP						

FILED Jan 19, 2000 8:00 am Secretary of State 01-19-2000 90287 046 ***150.00

13. I hereby certify that the information supplied with this filling 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

THE RECIPE SULLY OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPE

(954) 196-8751