

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90064 015 \*\*\*150.00

**DOCUMENT # P95000073279**

**1. Entity Name**  
**PRIMECARE, INC.**

**Principal Place of Business**

**11219 NW 21 ST.**  
**CORAL SPRINGS FL 33071**

**Mailing Address**

**P.O. BOX 771423**  
**CORAL SPRINGS FL 33077**  
**US**

**2. Principal Place of Business**

**6857 NW 110<sup>th</sup> Way**  
**Suite, Apt. #, etc.**

**3. Mailing Address**

**Suite, Apt. #, etc.**

**City & State**

**Parkland, FL**

**City & State**

**4. FEI Number**

**65-0610813**

**Applied For**

**Not Applicable**

**Zip**

**33076**

**Country**

**Broward**

**Zip**

**Country**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**KISSANE, DENISE R**

**11219 NW 21 ST.**

**CORAL SPRINGS FL 33071**

**7. Name and Address of New Registered Agent**

**Name**

**Kissane Denise R.**

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

**6857 NW 110<sup>th</sup> Way**

**City**

**Parkland**

**FL**

**Zip Code**

**33076**

**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**

*Denise R. Kissam*  
**Denise R. Kissam**

**01/08/02**  
**DATE**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing**  
**Trust Fund Contribution.**

☐

**\$5.00 May Be**  
**Added to Fees**

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>DS</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>KISSANE, DENISE R</b>	
<b>STREET ADDRESS</b>	<b>11219 NW 21 ST.</b>	
<b>CITY-ST-ZIP</b>	<b>CORAL SPRINGS FL</b>	
<b>TITLE</b>	<b>S</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>RENO, LENA</b>	
<b>STREET ADDRESS</b>	<b>3301 S OCEAN BLVD # 608</b>	
<b>CITY-ST-ZIP</b>	<b>HIGHLAND BEACH FL 33487</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>DS P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Kissane, Denise R.</b>	
<b>STREET ADDRESS</b>	<b>6857 NW 110<sup>th</sup> Way</b>	
<b>CITY-ST-ZIP</b>	<b>Parkland, FL 33076</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:**

*Denise R. Kissam*  
**Denise R. Kissam**

**01/08/02**  
**DATE**

**(954) 796-8751**  
**Daytime Phone #**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

CR2E034 (9/01)