

2002 UNIFORM BUSINESS REPORT (UBR)

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

01-16-2002 90064 015 ***150.00

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DOCUMENT # P95000073279

1. Entity Name
PRIMECARE, INC.

Principal Place of Business Mailing Address

11219 NW 21 ST.
 CORAL SPRINGS FL 33071

P.O. BOX 771423
 CORAL SPRINGS FL 33077
 US



2. Principal Place of Business 3. Mailing Address

6857 NW 110th Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State

Parkland, FL

Zip Country

33076 **Broward**

4. FEI Number Applied For

65-0610813 Not Applicable

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 110th Way

City State Zip Code

Parkland **FL** **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. Kissan* **Denise R. Kissan** DATE **01/08/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kissane, Denise R. 6857 NW 110th Way Parkland, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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. Kissan* **Denise R. Kissan** DATE **01/08/02** DAYTIME PHONE # **(954) 796-8751**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)