

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90129 024 ***150.00

DOCUMENT # P95000073279

1. Entity Name

PRIMECARE, INC.



Principal Place of Business

6857 NW 110TH WAY
PARKLAND FL 33076

Mailing Address

P.O. BOX 771423
CORAL SPRINGS FL 33077
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0610813

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KISSANE, DENISE R
6857 NW 110TH WAY
PARKLAND FL 33076

Name

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

City

Parkland

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Denise R. Kissane Denise R. Kissane

1/14/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DS
NAME KISSANE, DENISE R
STREET ADDRESS 6857 NW 110TH WAY
CITY-ST-ZIP PARLAND FL 33076 - Typo

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Parkland

TITLE S
NAME RENO, LENA
STREET ADDRESS 3301 S OCEAN BLVD # 608
CITY-ST-ZIP HIGHLAND BEACH FL 33487

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Denise R. Kissane Denise R. Kissane

1/14/03 (954) 796-8757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)