

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0123170

**\*PROFIT  
CORPORATION  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**98 JUL 31 PM 2:57**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # P95000095633 (0)**

1. Corporation Name

**PRIMARY CARE PROVIDERS OF WESTON, P.A.**

Principal Place of Business

**1625 N COMMERCE PARKWAY  
WESTON FL 33326  
US**

Mailing Address

**1525 NO. COMMERCE PARKWAY STE 205  
WESTON FL 33326**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/18/1995**

4. FEI Number

**65-0628200**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

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

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

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

**27** City & State

**28** Zip Country

**29** **30**

9. Name and Address of Current Registered Agent

**VACKER, MARK M  
4801 S UNIVERSITY DRIVE  
DAVE FL 33328**

10. Name and Address of New Registered Agent

**81** Name

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

**83**

**84** City

**FL** **85** Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **VACKER, MARK A MD**  
STREET ADDRESS **C/O 1625 NO. COMMERCE PARKWAY STE 205**  
CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
**800002608418--8**  
**-08/05/98--01101--012**  
**\*\*\*\*150.00\*\*\*\*150.00** ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

CR2E034 (5/98)

(2)

## **PRIMARY CARE PROVIDERS OF WESTON, P.A.**

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Mark A. Vacker, M.D.  
*Medical Director*  
July 10, 1998

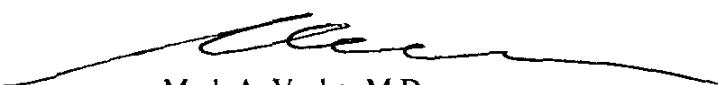
Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida  
32399

To Whom It May Concern,

Enclosed is the 1998 Profit Corporation Annual Report for Primary Care Providers of Weston P.A. This is the second attempt to file, the initial document was sent on March 1, 1998, check # 0602. Please accept the enclosed application and initial fee.

Thank you for your attention to this matter. If you have any questions, please do not hesitate to contact our office

Sincerely,



Mark A. Vacker M.D.