

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000095633

1. Entity Name

PRIMARY CARE PROVIDERS OF WESTON, P.A.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90194 028 ***158.75

Principal Place of Business

Mailing Address

4801 S. UNIVERSITY DRIVE
#104
DAVIE FL 33328
US

530 PALM BLVD.
WESTON FL 33326-3300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4801 S. UNIVERSITY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

104

City & State

City & State

DAVIE, FLORIDA

4. FEI Number

65-0628200

Applied For

Not Applicable

Zip

Country

Zip
33328

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VACKER, MARK A
4801 S UNIVERSITY DRIVE
DAVIE FL 33328

Name

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

City

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	VACKER, MARK A	
STREET ADDRESS	4801 S. UNIVERSITY DRIVE	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK A. VACKER

2/27/2000

Date

954 434 1705

Daytime Phone #

CR2E034 (9/99)