

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90667 007 ***150.00

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DOCUMENT # P97000013537

1. Entity Name
PRICARE MANAGEMENT SERVICES, INC.

Principal Place of Business
2323 CURLEW RD
SUITE 7E
PALM HARBOR FL 34683

Mailing Address
2323 CURLEW RD
SUITE 7E
PALM HARBOR FL 34683



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Dunedin, FL

City & State
Dunedin, FL

4. FEI Number **59-3429503**

Applied For
 Not Applicable

Zip
34698

Country

Zip
34698

Country

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

JACOBSON, CHARLES J
2323 CURLEW RD
SUITE 7E
PALM HARBOR FL 34683

Name

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

City
Dunedin

FL

Zip Code
34698

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

3/13/02

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **DP JACOBSON, CHARLES J** ☐ Delete
 STREET ADDRESS **2323 CURLEW RD SUITE 7E**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE
 NAME ☒ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP **Dunedin, FL 34698**

TITLE
 NAME **DP PROMIN, RICHARD E M.D.** ☐ Delete
 STREET ADDRESS **2215 SE FT KING ST SUITE C**
 CITY-ST-ZIP **OCALA FL 34471**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **DST GRAINGER, CHRISTOPHER MD** ☐ Delete
 STREET ADDRESS **1805 SE LAKE WEIR AVE # 103**
 CITY-ST-ZIP **OCALA FL 34471**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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 **Charles Jacobson**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President**

3/13/02 727-785-9800
 Date Daytime Phone # **Ext. 223**

CR2E034 (9/01)