## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P97000085611 **DOCUMENT #**

1. Entity Name

PREMIER PRIMARY CARE, INC.



FILED
Jan 09, 2003 8:00 am
Secretary of State
01-09-2003 90036 012 \*\*\*150.00

|  |  |   | GOO WE THE  |  |  |  |
|--|--|---|---|--|--|--|
| Principal Place of Business<br>5453 GULF DR., STE. 3<br>NEW PORT RICHEY FL 34652 |  | Mailing Address<br>5453 GULF DR., STE. 3<br>NEW PORT RICHEY FL 34652  |   |  |  |  |
| ace of Business  | 3. Mailing Add   | Iress   |   |  | SARIA DONA DONA INDIA DELIA DA   | EC 14081 (101 1081   |
| Suite, Apt. #, etc.  |  | , etc.  |   | CHECK HERE IF MAKING CHANGES   |  |  |
| City & State   |  | City & State  |   | 4. FEI Number 59-3470835   |  | Applied For<br>Not Applicable  |
| Country  | Zip  | C   | Country   | 5. Certificate of Status Desire  |  |  |
| 6. Name and Address of Current Registered Agent                                  |  |   |   | 7. Name and Address of Ne  | w Registered Agent   |  |
|  | <u></u>  |   | Name  |  |  |  |
| , ALAN S   |  | Stree   |   | ddress (P.O. Box Number is Not Acceptable)   |  |  |
| TER FL 33756   |  |   |   |  |  |  |
|  |  |   | City  |  | FL   |  |
| ions of registered agent.  | ment for the purpose of o  | changing its regi   | istered office or regist  | ered agent, or both, in the State of   | i Florida. I am tamiliar wi  | th, and accept   |
| Signature, typed or printed name of registe                                      | red agent and title if applicable.   | (NOTE: Reg  | gistered Agent signature requir   | red when reinstating)  | DATE   |  |
| May 1, 2003 Fee will be \$5  | 550.00   |   |   |  |  | 5.00 May Be<br>ded to Fees   |
|  |  |   | 11.   | ADDITIONS/CHANGES TO   | OFFICERS AND DIRECT  | ORS IN 11  |
| D ·  |  | Delete  | TITLE<br>NAME   | <u> </u>   |  |  |
| 5453 GULF DR., STE. 3  | 652  |   | STREET ADDRESS<br>CITY-ST-ZIP   |  |  |  |
|  |  | Delete  | TITLE<br>NAME   |  | ☐ Chanç  | ge 🗌 Addition  |
|  |  |   | STREET ADDRESS<br>CITY-ST-ZIP   |  |  |  |
|  |  | Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP   | - · · · · · · · · · · · · · · · · · · ·  | Chang  | ge   |
|  | C  | Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Chan   | ge 🔲 Addition  |
|  |  | Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Chan   | ge Addition  |
|  |  | Delete  | TITLE NAME STREET ADDRESS   |  | ☐ Chan   | ge Addition  |
|  | Country  6. Name and Address of C  ALAN S RT STREET, STE. 102  TER FL 33756  named entity submits this state ons of registered agent.  Signature, typed or printed name of registered agent.  Signature of Printed Departs of Printed Departs of Printed Departs of States of C  QUPTA, LALIT K  5453 GULF DR., STE. 3 | STE. 3 SHEY FL 34652  SHEY FL 34652  ACC of Business  3. Mailing Add Suite, Apt. # City & State Country  6. Name and Address of Current Registered Agen ALAN S RT STREET, STE. 102 IER FL 33756  Inamed entity submits this statement for the purpose of cons of registered agent.  Signature, typed or printed name of registered agent and title if applicable.  Signature, typed or printed name of sepistered agent and title if applicable.  ILE NOW!!! FEE IS \$150.00 IN May 1, 2003 Fee will be \$550.00 It Payable to Florida Department of State  OFFICERS AND DIRECTORS  D GUPTA, LALIT K 5453 GULF DR., STE. 3 NEW PORT RICHEY FL 34652 | STE. 3 SHEY FL 34652  ACC OF Business  3. Mailing Address  #, etc.  City & State  Country  City & State  Country  City & State  Country  City & State  Country  ALAN S RT STREET, STE. 102  TER FL 33756  Term of registered agent and title if applicable.  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Re  OFFICERS AND DIRECTORS  D GUPTA, LALIT K 5453 GULF DR., STE. 3 | STE 3 S453 ĞULF DR. STE 3 NEW PORT RICHEY FL 34652  Acc of Business  3. Mailing Address #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  6. Name and Address of Current Registered Agent Name  Street Address  RT STREET, STE. 102 FER FL 33756  City  reamed entity submits this statement for the purpose of changing its registered office or regist ons of registered agent.  Signature, typed or printed name of registered agent and tide if applicable.  (NOTE: Registered Agent dignature required to printed name of registered agent and tide if applicable.  Signature, typed or printed name of registered agent and tide if applicable.  City  The Registered Agent dignature required to Payable to Florida Department of State  OFFICERS AND DIRECTORS  D  QUPTA, LALIT K S453 GULF DR., STE. 3 NEW PORT RICHEY FL 34652  Delete  TILE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete NAME STREET ADDRESS CITY-ST-ZIP  NAME NAME STREET ADDRESS CITY-ST-ZIP  Delete NAME NAME STREET ADDRESS CITY-ST-ZIP  Delete NAME NAME STREET ADDRESS CITY-ST-ZIP | Mailing Address STE 3 STE 3 STE 3 NEW PORT RICHEY FL 34652  ACE OF Business  State State State  Cuty & State  Country  Zip  Country  S. Certificate of Status Desire  6. Name and Address of Current Registered Agent  7. Name and Address of New Port Riches Street Address (P.O. Box Number is Not Accepted Repeated agent).  ALAN S RT STREET, STE. 102 FER FL 33756  City  Intermediately submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of one of registered agent.  Signature, hyead or princed ratin of registered agent are use if applicable.  INTERMEDIATE ADDRESS OFFICERS AND DIRECTORS  Defete  Defete  TITLE NAME STREET ADDRESS CITY-ST-ZP  Defete TITLE NAME STREET ADDRESS CITY-ST-ZP  Defete TITLE NAME STREET ADDRESS CITY-ST-ZP  Defete TITLE NAME STREET ADDRESS CITY-ST-ZP  Defete TITLE NAME STREET ADDRESS CITY-ST-ZP  Defete TITLE NAME STREET ADDRESS CITY-ST-ZP  Defete TITLE NAME STREET ADDRESS CITY-ST-ZP  Defete TITLE NAME STREET ADDRESS CITY-ST-ZP  Defete TITLE NAME STREET ADDRESS CITY-ST-ZP  Defete TITLE NAME STREET ADDRESS CITY-ST-ZP  Defete TITLE NAME STREET ADDRESS CITY-ST-ZP  Defete TITLE NAME STREET ADDRESS CITY-ST-ZP  Defete TITLE NAME STREET ADDRESS CITY-ST-ZP  Defete TITLE NAME STREET ADDRESS CITY-ST-ZP  Defete TITLE NAME STREET ADDRESS CITY-ST-ZP  Defete TITLE NAME STREET ADDRESS CITY-ST-ZP  TITLE NAME STREET ADDRESS CITY-ST | ALAN S RT STREET, STE. 102 FER FL 33758  REY FL 34652  AND FORT RICHEY FL 34652  Country  Zip  Country  Sireat Address of Salus Desired Service Agent  Anne  Served Address of New Registered Agent  Anne  Served Address (P.O. Box Nurriber's Not Acceptable)  FL Zip C  City  FL Zip C  City |

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 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:**