

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90038 005 ***150.00

DOCUMENT # P98000007532

1. Entity Name

PRIMARY CARE PRACTITIONERS & ASSOCIATES, INC.

Principal Place of Business 3107 W. HALLANDALE BEACH BLVD. SUITE #106 HALLANDALE FL 33009	Mailing Address 3107 W. HALLANDALE BEACH BLVD. SUITE #106 HALLANDALE FL 33009-5144
--	---

U U U U U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0807784		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
RODRIGUEZ, CLIFTONOE H CPA 3146 N.W. 68 STREET NO. 1 FT. LAUDERDALE FL 33309				Name Joseph J. Di Capua			
				Street Address (P.O. Box Number is Not Acceptable) 250 SW 15th Avenue			
				City Boca Raton		FL	

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	---	------------------------------------

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PCOD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHRISTEN, IVORY J			NAME			
STREET ADDRESS	10641 SW 37TH PLACE			STREET ADDRESS			
CITY-ST-ZIP	DAVIE FL 33328			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHRISTEN, IGDALIS R			NAME			
STREET ADDRESS	10641 SW 37TH PLACE			STREET ADDRESS			
CITY-ST-ZIP	DAVIE FL 33328			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GAFARU, SOLA CPA			NAME			
STREET ADDRESS	8910 MIRAMAR PKWY			STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR FL 33029			CITY-ST-ZIP			
TITLE	EX	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RODRIGUEZ, CLIFTON H			NAME			
STREET ADDRESS	3146 N.W. 68 STREET, STE. 1			STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33309			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Igdalis R. Christen Joseph J. Di Capua 1/27/00 954-894-0522
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #