

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007532
 1. Entity Name
PRIMARY CARE PRACTITIONERS & ASSOCIATES, INC.

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

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number **65-0807784** Applied For Not Applicable.
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**


6. Name and Address of Current Registered Agent
DICAPUA, JOSEPH
 250 SW 15TH AVENUE
 BOCA RATON FL 33486

7. Name and Address of New Registered Agent
 Name **CLIFFORD SMITH**
 Street Address (P.O. Box Number is Not Acceptable)
16102 NW 22ND ST
 City **DEMBROKE PINES** FL Zip Code **33428**

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  DATE **10/10/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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 STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PCOD CHRISTEN, IVORY J 10641 SW 37TH PLACE DAVIE FL 33328		300004668923--5 11/06/01 01052 002 ***550.00 ***550.00	
VD CHRISTEN, IGDALIS R 10641 SW 37TH PLACE DAVIE FL 33328	<input type="checkbox"/> Delete		
D GAFARU, SOLA CPA 8910 MIRAMAR PKWY MIRAMAR FL 33029	<input type="checkbox"/> Delete	100005031621 -03/01/02-01028-001 ***577.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  PRESIDENT, 9/12/01 481-4391
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RECEIVED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

02 FEB-25 - PM 4:29



DO NOT WRITE IN THIS SPACE

00128100

CR2E034 (5/01)

Thursday, February 21, 2002

Ms. Pat Bailey
Division of Corporation
409 E Gaines Street
Tallahassee, Fl 32399

Dear Ms. Bailey:

Per our conversation on February 2, 2002, this letter is in reference to #P98000007532 (Primary Care Practitioner & Associates). As you are aware due to my accounting firm mismanagement, my corporation was dissolved due to non-payment of the annual report fee. Please accept my apology on behalf of my contracted accounting firm, I hope the state will consider reinstating my corporation.

Please find enclosed a money order for the sum of \$577.50 to reinstate the corporation.

Yours truly,



Joseph Christen
Primary Care Practitioners and Associates.