

**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

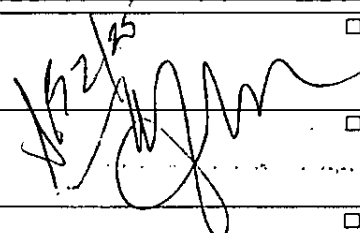
4. FEI Number **65-0807784**      Applied For Not Applicable.  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**


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			
D GAFARU, SOLA CPA 8910 MIRAMAR PKWY MIRAMAR FL 33029		100005031621 -03/01/02-01028-001 ***577.50	
			

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.