

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 DEC 20 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000007532  
 1. Entity Name  
Primary CARE PRACTITIONERS & ASSOC. INC  
**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 8th.  
3107 W. HALLANDALE CWO  
 Suite, Apt. #, etc. 106  
 City & State HALLANDALE FL.  
 Zip 33009 Country \_\_\_\_\_

3. Mailing Address  
3107 W. HALLANDALE POB BLDG.  
 Suite, Apt. #, etc. 106  
 City & State HALLANDALE, FL.  
 Zip 33009 Country \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

4. FEI Number 605-0807784 Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
 Name RICHANDRA SHORTRIDGE  
 Street Address (P.O. Box Number is Not Acceptable) 13000 SW 20 STREET  
 City MIRAMAR FL Zip Code 33027

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 [Signature] (NOTE: Registered Agent signature required when re-registering) DATE 9/20/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  (See criteria on back)

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 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 |                           |                |  |
|----------------------------|---------------------------|----------------|--|
| TITLE                      | <u>PCOO</u>               | TITLE          |  |
| NAME                       | <u>IVORY J. CHRISTEN</u>  | NAME           |  |
| STREET ADDRESS             | <u>10641 SW. 37 PLACE</u> | STREET ADDRESS |  |
| CITY-ST-ZIP                | <u>DAVIE, FL. 33328</u>   | CITY-ST-ZIP    |  |
| TITLE                      | <u>VP</u>                 | TITLE          |  |
| NAME                       | <u>GOALIA CHRISTEN</u>    | NAME           |  |
| STREET ADDRESS             | <u>10641 SW 37 PLACE</u>  | STREET ADDRESS |  |
| CITY-ST-ZIP                | <u>DAVIE, FL. 33328</u>   | CITY-ST-ZIP    |  |
| TITLE                      | <u>D</u>                  | TITLE          |  |
| NAME                       | <u>GAFFARY SOLA CPA</u>   | NAME           |  |
| STREET ADDRESS             | <u>8910 MIRAMAR PKWY</u>  | STREET ADDRESS |  |
| CITY-ST-ZIP                | <u>MIRAMAR, FL. 33029</u> | CITY-ST-ZIP    |  |
| TITLE                      |                           | TITLE          |  |
| NAME                       |                           | NAME           |  |
| STREET ADDRESS             |                           | STREET ADDRESS |  |
| CITY-ST-ZIP                |                           | CITY-ST-ZIP    |  |
| TITLE                      |                           | TITLE          |  |
| NAME                       |                           | NAME           |  |
| STREET ADDRESS             |                           | STREET ADDRESS |  |
| CITY-ST-ZIP                |                           | CITY-ST-ZIP    |  |

**DO NOT WRITE IN THIS SPACE**

[Signature]

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 9/20/02 DAYTIME PHONE # \_\_\_\_\_

CR2E034B (12/01)