

**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

3. Mailing Address
3107 W. HALLANDALE POB BLDG.
Suite, Apt. #, etc.
106

City & State
HALLANDALE FL.

City & State
HALLANDALE, FL.

Zip
33009

Zip
33009

Country

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

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

**DO NOT WRITE
IN THIS SPACE**

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>POO</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**

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)