

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

01-MAR-15 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

500025255125
12/05/03--01031--026 **\$50.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000007532
1. Entity Name
Primary Care Practitioner & Associate INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3107 West Hallandale Beach Blvd
Suite, Apt. #, etc.
106

3. Mailing Address
3107 West Hallandale Beach Blvd
Suite, Apt. #, etc.
106

City & State
Hallandale Beach FL

City & State
Hallandale Beach FL

4. FEI Number 65-0807784

Applied For
 Not Applicable

Zip 33009 Country Broward

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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 Bruce James Ladd

Street Address (P.O. Box Number is Not Acceptable)
1438 NE 28th Ct

City Pompano Beach FL Zip Code 33064

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Bruce Ladd*

12-9-03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOD Christen, Ivory J 10641 SW 37th Place Davie, FL 33329	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500025255125 12/12/01--01031--022 **\$50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Christen, Igdalis 10641 SW 37th Place Davie, FL 33328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gafaru, Sola CPA 8910 Miramar PKWY Miramar, FL 33075	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

12-9-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/02)