

**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

City & State
Hallandale Beach FL

3. Mailing Address

3107 West Hallandale Beach Blvd

Suite, Apt. #, etc.
106

City & State
Hallandale Beach FL

4. FEI Number 65-0807784

Applied For
Not Applicable

Zip
33009

Country
Broward

Zip
33009

Country
Broward

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12-9-03

DATE

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
VD Christen, Igdalis 10641 SW 37th Place Davie, FL 33328

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D Gafaru, Sola CPA 8910 Miramar PKWY Miramar, FL 33075

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500025255125
02/12/04--01031--022 **\$50.00

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IN THIS SPACE**

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:

S. Gafaru

Signature, typed or printed name of signing officer or director

12-9-03

Date

Daytime Phone #

CR2E034B (12/02)