


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90314 045 ***150.00

DOCUMENT # P98000007532			
1. Entity Name PRIMARY CARE PRACTITIONERS & ASSOCIATES, INC.			
Principal Place of Business 3107 W. HALLANDALE BEACH BLVD. SUITE #106 HALLANDALE, FL 33009		Mailing Address 3107 W. HALLANDALE BEACH BLVD. SUITE #106 HALLANDALE, FL 33009	
2. Principal Place of Business 102 NE 2nd Ave Suite, Apt. #, etc.		3. Mailing Address 102 NE 2nd Ave Suite, Apt. #, etc.	
City & State Hallandale Beach, FL		City & State Hallandale Beach, FL	
4. FEI Number 65-0807784		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LADD, BRUCE J 1438 NE 28TH CT POMPANO BEACH, FL 33064		7. Name and Address of New Registered Agent Name: Ladd, Bruce J Street Address (P.O. Box Number is Not Acceptable): 785 Racom Point Rd City: Panokee FL Zip Code: 33476	
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: <u>Bruce Ladd</u> DATE: <u>4-13-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN !!	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOD CHRISTEN, IVORY J 10641 SW 37TH PLACE DAVIE, FL 33328 <input type="checkbox"/> Delete.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHRISTEN, IGDALIS 10641 SW 37TH PLACE DAVIE, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAFARU, SOLA CPA 8910 MIRAMAR PKWY MIRAMAR, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4-13-05</u> Daytime Phone #: <u>954 894 0522</u>	



04142005 Chg-P CR2E034 (10/03)