

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0414348 AV

DOCUMENT # P98000012044

1. Entity Name
THE PRIMUS GROUP INC.



FILED

03 MAR 11 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2499 W. GLADES RD., SUITE 207
BOCA RATON FL 33431

Mailing Address
P.O. BOX 871
DEERFIELD BEACH FL 33443-0871



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0809954

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LENNON, HENRY M
2499 W GLADES RD #207
BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☐ Delete
NAME BURKE, ROBERT M.D.
STREET ADDRESS 5405 OKEECHOBEE BLVD., #101
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE VC ☐ Change ☒ Addition
NAME Weiner, Howard M., M.D. M.P.H.
STREET ADDRESS 9980 Central Park Blvd. North #102
CITY-ST-ZIP Boca Raton, FL 33428

TITLE VC ☒ Delete
NAME CROFT, STEVEN M.D.
STREET ADDRESS 5130 LINTON BLVD., SUITE F-1
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME LENNON, HENRY M ~~M.D.~~ B.O.S.
STREET ADDRESS 2499 W. GLADES RD., SUITE 207
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Henry M. Lennon 3/2/03 561 395 8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)