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Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000041712

1. Corporation Name

PRIMARY CARE PLUS +, INC.

Principal Place of Business
 702 WEST ATLANTIC AVENUE
 DEL RAY BEACH FL 33444

Mailing Address
 702 WEST ATLANTIC AVENUE
 DEL RAY BEACH FL 33444



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1998

4. FEI Number

105 0834170

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax

☐Yes ☐ No ☐

2. Principal Place of Business

21 3107 W. Hallandale Bch Blvd

2a. Mailing Address

26 3107 W. Hallandale Bch Blvd

Suite, Apt. #, etc.

22 103

Suite, Apt. #, etc.

27 103

City & State

23 Hallandale Bch, FL

City & State

28 Hallandale Bch, FL

Zip

24 33009

Country

25 U.S.A.

Zip

29 33009

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

10. Name and Address of Now Registered Agent

81 Name

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

83

84 City Boca Raton

FL

85 Zip Code 33486

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
 STREET ADDRESS ALEXANDRE, SERGE MD
 702 WEST ATLANTIC AVENUE
 CITY-ST-ZIP DEL RAY BEACH FL 33444

TITLE ☐ DELETE

NAME VSTD
 STREET ADDRESS DICAPUA, JOSEPH
 702 WEST ATLANTIC AVENUE
 CITY-ST-ZIP DEL RAY BEACH FL 33444

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph J. DeCapua
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/8/99

Daytime Phone #

954-894-4072

CR2E034 (11/98)