

# 2002 UNIFORM BUSINESS REPORT (UBR)

4/2

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90162 022 \*\*\*150.00

**DOCUMENT # P98000044494**

1. Entity Name

**PRIMARY CARE CLINIC CORPORATION**

Principal Place of Business

**DR JAMES K CLARY  
 52 LAZY EIGHT DRIVE  
 DAYTONA BEACH FL 32124**

Mailing Address

**DR JAMES K CLARY  
 52 LAZY EIGHT DRIVE  
 DAYTONA BEACH FL 32124**

2. Principal Place of Business

**1765 BAYVIEW DRIVE  
 Suite, Apt. #, etc.**

3. Mailing Address

**1765 BAYVIEW DRIVE  
 Suite, Apt. #, etc.**

City & State

**NEW SMYRNA BEACH, FL**

City & State

**NEW SMYRNA BEACH, FL**

4. FEI Number

**59-3511230**

Applied For

Not Applicable

Zip

**32168**

Country

**USA**

Zip

**32168**

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CLARY, JAMES K D.O.  
 52 LAZY EIGHT DRIVE  
 DAYTONA BEACH FL 32124**

7. Name and Address of New Registered Agent

Name

Street A

City

**Dr. James K. Clary  
 1765 Bayview Dr.  
 New Smyrna, FL 32168**

**FL**

Zip Code  
**32168**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE  
 NAME **Dr. James K. Clary** ☐ Delete  
 STREET ADDRESS **1765 Bayview Dr.**  
 CITY-ST-ZIP **New Smyrna, FL 32168**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
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 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME ☒ Change ☐ Addition  
 STREET ADDRESS **1765 BAYVIEWDRIVE**  
 CITY-ST-ZIP **NEW SMYRNABEACH, FL 32168**

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)