

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054987

1. Entity Name

PRIMARY CARE MEDICAL SERVICES, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90036 024 ***150.00

Principal Place of Business

Mailing Address

906 ELYSE CIRCLE
PORT ST. LUCIE FL 34952

906 ELYSE CIRCLE
PORT ST. LUCIE FL 34952

2. Principal Place of Business

3. Mailing Address

3530 Okeechobee Rd

3530 Okeechobee Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

City & State

Fort Pierce, FL

4. FEI Number

65-0840716

Applied For

Not Applicable

Zip

Country

34947-4556

Zip

Country

34947-4556 USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JEAN-BAPTISTE, MARC H
906 ELYSE CIRCLE
PORT ST. LUCIE FL 34952

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPVS
JEAN-BAPTISTE, MARC H
906 ELYSE CIRCLE
PORT ST. LUCIE FL 34952
address above

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-President
DYLIA J. BAPTISTE
3530 Okeechobee Road
Fort Pierce, FL 34947-4556

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)