

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022135

1. Entity Name  
**PRIMARY MEDICAL CARE INC.**

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90042 049 \*\*\*150.00

Principal Place of Business

**1393 SW 1ST STREET  
SUITE 415  
MIAMI FL 33135**

Mailing Address

**1393 SW 1ST STREET  
SUITE 415  
MIAMI FL 33135**

**00017452**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3413 NW 17 Ave**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Miami, Florida**

City & State

4. FEI Number **65-0903372**

Applied For

Not Applicable

Zip  
**33142**

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**TORRES, FRANCISCO  
1393 S.W. 1 STREET  
STE. 415  
MIAMI FL 33135**

7. Name and Address of New Registered Agent

Name **FRANCISCO TORRES**  
Street Address (P.O. Number is Not Acceptable) **3413 NW 17 Ave**  
City **Miami** FL **33142**

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

(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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	<b>TORRES, FRANCISCO</b>	
STREET ADDRESS	<b>1311 SW 139TH COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33184</b>	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	<b>ALONSO, JUAN</b>	
STREET ADDRESS	<b>1855 WEST 60 ST., #433</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANCISCO TORRES</b>	
STREET ADDRESS	<b>3413 NW 17 Ave</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33142</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 (10/00)