

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90024 013 ***150.00

DOCUMENT # P99000022135

1. Entity Name
PRIMARY MEDICAL CARE INC.

Principal Place of Business

3413 NW 17TH AVENUE
MIAMI FL 33142

Mailing Address

1393 SW 1ST STREET
SUITE 415
MIAMI FL 33135

2. Principal Place of Business

3. Mailing Address

3413 NW 17 AVE
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami, FL

4. FEI Number

65-0903372

Applied For

Not Applicable

Zip

Country

Zip
33142

Country

Miami-Dade

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

TORRES, FRANCISCO
3413 NW 17TH AVENUE
MIAMI FL 33142

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
TORRES, FRANCISCO
1311 SW 139TH COURT
MIAMI FL 33184

☐ **Delete**

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

TITLE
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☐ **Delete**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)