

FILE ROW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **S11419** (6)

1. Corporation Name
PRIMARY MEDICAL CARE, INC.

50 MAY -1 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**414 ALFRED AVE
TEANECK NJ 07666
US**

Mailing Address
**P O BOX 339
TEANECK NJ 07666
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/07/1990** 3a. Date of Last Report **04/07/1994**

2. Principal Place of Business
21 **2930 WASHINGTON BLVD** 2a. Mailing Address **2930 WASHINGTON BLVD**
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 **BALTIMORE, MD** 28 **BALTIMORE, MD**
24 **21230** 25 Country 29 **21230** 30 **USA**

4. FEI Number **65-0225113** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under § 199.039 Florida Statutes **Yes** **No**

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature: I specify printed name of registered agent and title of registered agent. Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS	
TITLE C	SIROTA, MARVIN 457 DOUGHTY BLVD. INWOOD NY
TITLE VP	MANDELBAUM, FRANK 457 DOUGHTY BLVD. INWOOD NY
TITLE S	WINIARZ, EDWIN 457 DOUGHERTY BLVD. INWOOD NY
TITLE	
TITLE	
TITLE	
TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME ALLAN C. SELBER	
1.3 STREET ADDRESS 2930 WASHINGTON BLVD.	
1.4 CITY-ST-ZIP BALTIMORE MD 21230	
2.1 TITLE VICE CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME MORRIS PERLES	
2.3 STREET ADDRESS 2930 WASHINGTON BLVD.	
2.4 CITY-ST-ZIP BALTIMORE MD. 21230	
3.1 TITLE CORP. CONTROLLER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME GORDON F. NAHAS	
3.3 STREET ADDRESS 2930 WASHINGTON BLVD.	
3.4 CITY-ST-ZIP BALTIMORE, MD 21230	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 I am listed on an attachment with my title.

SIGNATURE: Gordon F. Nahas Date: 4/12/95 (F10) 646-6994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: GORDON F. NAHAS, CORP. CONTROLLER