

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S29254** (7)

1. Corporation Name

PRIMARY MEDICAL SERVICES, INC.



Principal Place of Business

**2801 PONCE DE LEON
SUITE 430
CORAL GABLE FL 33134
US**

Mailing Address

**2801 PONCE DE LEON BLVD
333
CORAL GABLES FL 33134
US**

3. Date Incorporated or Qualified
01/31/1991

3a. Date of Last Report
03/24/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REY, NETTE
2801 PONCE DE LEON BLVD
#430
CORAL GABLES FL 33134**

81 Name

Ivette Ray Quentel

82 Street Address (P.O. Box Number is Not Acceptable)

Same

83

41

84 City

41

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

Ivette Ray Quentel

(NOTE: Registered Agent Signature required when reinstating.)

DATE

4/15/96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STDC
NETTE, REY
2801 PONCE DE LEON BLVD #430
CORAL GABLES FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PAUL, QUENTEL
2801 PONCE DE LEON BLVD #430
CORAL GABLES FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ROUSSEAU, REGINA R
2801 PONCE DE LEON BLVD #430
CORAL GABLES FL** ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
CASTILLO, DORA
2801 PONCE DE LEON BLVD #430
CORAL GABLES FL** ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Quentel, Ivette Ray ☒ Change ☐ Addition
Same

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Quentel, Paul ☒ Change ☐ Addition
Same

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with 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 changed or on an attachment with an address.

SIGNATURE:

Ivette Ray Quentel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96
Date

305 448 1744
Daytime Phone

CR2E034 (12/95)