

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

PRIMARY MEDICAL SERVICES, INC.

529254

FILED

Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90054 002 ***150.00

Principal Place of Business

Mailing Address

2801 PONCE DE LEON BLVD.
SUITE 430
CORAL GABLES FL 33134

2801 PONCE DE LEON BLVD.
SUITE 430
CORAL GABLES FL 33134-6917

2. Principal Place of Business

3. Mailing Address

1902 NW 26 AVE

1902 NW 26 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami Florida

Zip

33125

Country

USA

Zip

33125

Country

USA

4. FEI Number

65-0247108

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Ivette Rey

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

501 SW 24th Rd

City

Miami

FL

Zip Code

33129

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

Ivette Rey

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

(NOTE: Registered Agent signature required when reinstating)

4/17/00

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Ivette Rey Ivette Rey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

305-628-4821

Daytime Phone #