L16000091156

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(Address)

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(City/State/Zip/Phone #)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PRIMECARE MEDICAL MANAGEMENT LLC
Name of Corporation

DOCUMENT NUMBER: L16000091156

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luis F. Zayas
Name of Contact Person

PRIMECARE MEDICAL MANAGEMENT LLC
Firm/Company

4131 SW 6 ST, CORAL GABLES, FL 33134
Address

Coral Gables, FL 33134
City/State and Zip Code

jrv@rrvlawfirm.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Luis F. Zayas at (305) 443-5031
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Primecare Medical Management LLC.

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

4131 SW 6 ST
Coral Gables FL 33134

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

1914 NW 84 Ave
Doral FL 33126

3. Date of filing/registration in Florida: 05/10/2016

4. Document number: L16000091156

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Belly, Bradford J. Esq

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

1144 SE 3rd Ave
Fort Lauderdale, FL 33316

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Jennifer R. Reed, Esq

NEW Registered Office Address:

7900 Oak Lane Suite 400
Miami Lakes, FL 33016

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Luis F. Zayas. Manager
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: $25.00