


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # M23344 1. Entity Name PRIME CARE HEALTH AGENCY, INC.	
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Principal Place of Business 8405 NW 53RD STREET SUITE B-106 MIAMI, FL 33166 US	Mailing Address 8405 NW 53RD STREET SUITE B-106 MIAMI, FL 33166 US
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**DO NOT WRITE IN THIS SPACE**



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2596595	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

TATUM, THOMAS R  
200 E. LAS OLAS BOULEVARD  
19TH FLOOR  
FORT LAUDERDALE, FL 33301

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000609710 02/01/07-80060-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WOLFE, RICHARD W 4800 NOB HILL ROAD SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES KOGAN, KARINNA J 8405 N.W. 53RD STREET, SUITE B106 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LEMCKE, DAVID K 3100 FIVE FORKS TRICKUM ROAD, SUITE 202 LILBURN, GA 30047
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC WOMACK, MELINDA M 3100 FIVE FORKS TRICKUM ROAD, SUITE 202 LILBURN, GA 30047
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Karinna J. Kogan* 01/24/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #