

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M23344

FILED
Jan 11, 2010
Secretary of State

Entity Name: PRIME CARE HEALTH AGENCY, INC.

Current Principal Place of Business:

8405 NW 53RD STREET
SUITE B-106
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

8405 NW 53RD STREET
SUITE B-106
MIAMI, FL 33166 US

New Mailing Address:

FEI Number: 59-2596595 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO
Name: WOLFE, RICHARD W
Address: 4800 NOB HILL ROAD
City-St-Zip: SUNRISE, FL 33351

Title: PRES
Name: JONES, TIMOTHY
Address: 8405 N.W. 53RD STREET, SUITE B106
City-St-Zip: MIAMI, FL 33166

Title: CFO
Name: LEMCKE, DAVID K
Address: 3100 FIVE FORKS TRICKUM ROAD, SUITE 202
City-St-Zip: LILBURN, GA 30047

Title: SEC
Name: WOMACK, MELINDA M
Address: 3100 FIVE FORKS TRICKUM ROAD, SUITE 202
City-St-Zip: LILBURN, GA 30047

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MELINDA M. WOMACK

SEC

01/11/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date