

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M23344

FILED  
Feb 17, 2011  
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

**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

02/17/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date