

**2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Aug 31, 2012  
Secretary of State**

DOCUMENT# M23344

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

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

Title: CFO  
Name: LEMCKE, DAVID K  
Address: 8405 NW 53RD STREET, SUITE B106  
City-St-Zip: MIAMI, FL 33166

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: KAREN D. FORRISTER

PRES

08/31/2012

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

\_\_\_\_\_  
Date