

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M23344

**Entity Name:** PRIME CARE HEALTH AGENCY, INC.

**Current Principal Place of Business:**

11440 SW 88TH STREET  
SUITE 500  
MIAMI, FL 33176

**Current Mailing Address:**

11440 SW 88TH STREET  
SUITE 500  
MIAMI, FL 33176 US

**FEI Number:** 59-2596595

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VALLETTI, GASTON H.  
11440 SW 88TH STREET  
SUITE 500  
MIAMI, FL 33176 US

*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:** GASTON H. VALLETTI

02/09/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT,  
SECRETARY, TREASURER/CFO  
Name VALLETTI, GASTON H.  
Address 11440 SW 88TH STREET  
SUITE 500  
City-State-Zip: MIAMI FL 33176

Title TITLE DIRECTOR, VP  
Name NICOLINI, NATALIA  
Address 11440 SW 88TH STREET  
SUITE 500  
City-State-Zip: MIAMI FL 33176

*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:** GASTON H. VALLETTI

DIRECTOR, PRESIDENT, 02/09/2023  
SECRETARY,  
TREASURER/CFO

Electronic Signature of Signing Officer/Director Detail

Date

