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 VALLETTI

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

04/14/2022

2022 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

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	04/14/2022			
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
	DIRECTOR, PRESIDENT,	Title	DIRECTOR, VP		
	SECRETARY, TREASURER/CFO	Name	MUSA, BARBARA		
Name	VALLETTI, GASTON H.	Address	11440 SW 88TH STREET		
Address	11440 SW 88TH STREET		SUITE 500		
City-State-Zip:	SUITE 500 MIAMI FL 33176	City-State-Zip:	MIAMI FL 33176		

Certificate of Status Desired: Yes

Date

FILED Apr 14, 2022 Secretary of State 1806088426CC