

2017 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:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: BY: BONNIE A. SCHUMAN, ASSISTANT SECRETARY

03/13/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT	Title	CFO, TREASURER/SECRETARY
Name	JONES, DIANE	Name	CRUTCH, ADRIENNE
Address	11440 SW 88TH STREET SUITE 500	Address	11440 SW 88TH STREET SUITE 500
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	MIAMI FL 33176
Title	DIRECTOR	Title	DIRECTOR
Name	DWYER, JACK W	Name	RHOADS, LISA
Address	11440 SW 88TH STREET SUITE 500	Address	11440 SW 88TH STREET SUITE 500
City-State-Zip:	MIAMI FL 33176	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: ADRIENNE CRUTCH

CFO

03/13/2017

Electronic Signature of Signing Officer/Director Detail

Date