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: ROBERT G MORAN

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

MR Title MR MORAN, ROBERT G Name MORAN, ROBERT GVP 2009 TANGLEWOOD WAY NE 2009 TANGLEWOOD WAY NE Address City-State-Zip: ST PETERSBURG FL 33702 SAINT PETERSBURG FL 33702

FEI Number: 65-0356169

PINELLAS PARK, FL 33781 US

6541 44TH STREET N

PINELLAS PARK, FL 33781

Current Mailing Address: 6541 44TH STREET N

6003

6003

Name and Address of Current Registered Agent:

Entity Name: PRIMARY MEDICAL COMPANY, INC.

Current Principal Place of Business:

2009 TANGLEWOOD WAY NE

Officer/Director Detail :

SIGNATURE:

Title

Name

Address

City-State-Zip:

ROBERT G MORAN, VP

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.

ST PETERSBURG, FL 33702 US

2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT DOCUMENT# V61282

FILED Jan 30, 2013 Secretary of State CC9419681407

Certificate of Status Desired: Yes

Date

VICE PRESIDENT

01/30/2013

Date