

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000010041

**Entity Name:** PRIMARY CARE OF SEBASTIAN LLC

**Current Principal Place of Business:**

13000 US HIGHWAY 1  
SUITE 4  
SEBASTIAN, FL 32958

**Current Mailing Address:**

1525 EAGLES CIRCLE  
C/O CARLOS VIZCARRA  
SEBASTIAN, FL 32958 US

**FEI Number:** 27-4645048

**Certificate of Status Desired:** No

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

VIZCARRA, CARLOS A  
1525 EAGLES CIRCLE  
SEBASTIAN, FL 32958 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	VIZCARRA, CARLOS A	Name	VIZCARRA, GENOVEVA
Address	1525 EAGLES CIRCLE	Address	1525 EAGLES CIRCLE
City-State-Zip:	SEBASTIAN FL 32958	City-State-Zip:	SEBASTIAN FL 32958

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARLOS VIZCARRA

MGRM

04/10/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date