

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000045768

**Entity Name:** PRIMECARE CREDENTIALING, LLC

**Current Principal Place of Business:**

1214 MARINER BLVD  
SPRING HILL, FL 34609

**Current Mailing Address:**

1214 MARINER BLVD  
SPRING HILL, FL 34609

**FEI Number:** 81-1693333

**Certificate of Status Desired:** No

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

FRICK, SCOTT A  
1005 N MARION STREET  
TAMPA, FL 33602 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 MGR  
Name SINGH, PARIKSITH MD  
Address 1214 MARINER BLVD  
City-State-Zip: SPRING HILL FL 34609

Title MGR  
Name PRIMECARE, LLC  
Address 1214 MARINER BLVD  
City-State-Zip: SPRING HILL FL 34609

Title OTHER  
Name GULF COAST ACRES, LLC  
Address 5327 COMMERCIAL WAY  
C113  
City-State-Zip: SPRING HILL FL 34606

Title OTHER  
Name MEDINA, LLC  
Address 5901 WEBB RD  
City-State-Zip: TAMPA FL 33615

*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:** /S/ SCOTT A. FRICK, ESQ.

**ATTORNEY**

**03/12/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date