**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 19, 2017**
**Secretary of State**
**CC3237424350**

DOCUMENT# L16000091156

**Entity Name:** PRIME CARE MEDICAL MANAGEMENT, LLC

**Current Principal Place of Business:**

4131 SW 6 ST
CORAL GABLES, FL 33134

**Current Mailing Address:**

4131 SW 6 ST
CORAL GABLES, FL 33134 US

**FEI Number: 81-2765049**

**Certificate of Status Desired:** No

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

REED, JENNIFER R ESQ
7900 OAK LANE
SUITE 400
MIAMI LAKES, FL 33016 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 | PRESIDENT | Title | VP |
| Name | ZAYAS, LUIS F | Name | MARTINEZ, MARY |
| Address | 4141 SW 6TH ST | Address | 4131 SW 6 ST |
| City-State-Zip: | CORAL GABLES FL 33134 | City-State-Zip: | CORAL GABLES FL 33134 |

*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: LUIS F ZAYAS P 04/19/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date