FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 25 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000004224 (1)**

1. Corporation Name
PRIME CARE PROVIDERS, INC.

Principal Place of Business	Mailing Address
10812 GANDY BOULEVARD N. ST PETERSBURG FL 33702	10812 GANDY BOULEVARD N. ST PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/15/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 10812 Gandy Blvd. N.	26 Same
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 St. Petersburg, FL	City & State 28
Zip 24 33702	Country 25 USA
Zip 29	Country 30

4. FEI Number: 59-3281522 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KEARNS, GREGORY A 10812 GANDY BOULEVARD N. ST PETERSBURG FL 33702	81 Name: Xavier J. Fernandez 82 Street Address (P.O. Box Number is Not Acceptable): 10812 Gandy Blvd. N. 83 84 City: St. Petersburg FL 85 Zip Code: 33702

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE: 4-19-95
(Typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	☐ Change ☐ Addition
NAME	KEARNS, GREGORY A	1.2 NAME	
STREET ADDRESS	10812 GANDY BOULEVARD N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	1.4 CITY-ST-ZIP	
TITLE	P.S.T.D.	2.1 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, XAVIER	2.2 NAME	
STREET ADDRESS	10812 GANDY BOULEVARD N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4-19-95 Date 677-9797 Daytime Phone #
DIRECTOR OR OFFICER OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

044178 FP