

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000029173

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

**Entity Name:** PRIMECARE AT TWIN LAKES, LLC

**Current Principal Place of Business:**

1530 CORNERSTONE BLVD.  
SUITE 200  
DAYTONA BEACH, FL 32117

**New Principal Place of Business:**

**Current Mailing Address:**

1530 CORNERSTONE BLVD.  
SUITE 200  
DAYTONA BEACH, FL 32117

**New Mailing Address:**

**FEI Number:** 45-0527284

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUVA, CHARLES D M.D.  
1530 CORNERSTONE BLVD  
SUITE 200  
DAYTONA BEACH, FL 32117 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** PRIMECARE ACQUISITION, INC.  
**Address:** 1530 CORNERSTONE BLVD., SUITE 200  
**City-St-Zip:** DAYTONA BEACH, FL 32117

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CHARLES D DUVA, MD

MGRM

03/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date