

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000088229

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** PRIME CARE OF TAMPA BAY P.L.

**Current Principal Place of Business:**

819 CYPRESS VILLAGE BLVD  
RUSKIN, FL 33573 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 5506  
SUN CITY CENTER, FL 33571 US

**New Mailing Address:**

**FEI Number:** 20-1973762

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUENO, JOCELYN  
819 CYPRESS VILLAGE BLVD  
RUSKIN, FL 33573 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:** JOCELYN BUENO MD PA  
**Address:** 819 CYPRESS VILLAGE BLVD  
**City-St-Zip:** RUSKIN, FL 33573 US

**Title:** MGRM  
**Name:** CECIL B SUE-WAH-SING MD PA  
**Address:** 819 CYPRESS VILLAGE BLVD  
**City-St-Zip:** RUSKIN, FL 33573 US

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:** JOCELYN BUENO

MGRM

04/24/2012

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