2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# L05000078183

Entity Name: PRIMECARE MEDICAL GROUP, LLC

Current Principal Place of Business:

2912 W. WATERS AVENUE
TAMPA, FL 33614

New Principal Place of Business:

8521 N. ARMENIA AVE.
TAMPA, FL 33604

Current Mailing Address:

2912 W. WATERS AVENUE
TAMPA, FL 33614

New Mailing Address:

8521 N. ARMENIA AVE.
TAMPA, FL 33604

FEI Number: 20-3300793 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REVELLO, MARTIN
2912 W. WATERS AVENUE
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

REVELLO, MARTIN
8521 N. ARMENIA AVE.
TAMPA, FL 33604 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: 04/26/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: D ( ) Change (X) Addition
Name: REVELLO, RAUL MD
Address: 8521 N. ARMENIA AVE.
City-St-Zip: TAMPA, FL 33604

Title: D ( ) Change (X) Addition
Name: REVELLO, MARTIN
Address: 8521 N. ARMENIA AVE.
City-St-Zip: TAMPA, FL 33604

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARTIN REVELLO D 04/26/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date