

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111904

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: PRIMECARE, LLC

**Current Principal Place of Business:**

1753 WEST FLETCHER AVENUE  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

1753 WEST FLETCHER AVENUE  
TAMPA, FL 33612

**New Mailing Address:**

FEI Number: 20-3851258

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOWLER WHITE BOGGS BANKER P.A.  
C/O TINA DUNSFORD  
501 E. KENNEDY BLVD., SUITE 1700  
TAMPA, FL 33602 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 ( ) Delete  
Name: REVELLO, RAUL  
Address: 1753 WEST FLETCHER AVE  
City-St-Zip: TAMPA, FL 33612

Title: MGRM ( ) Delete  
Name: CHO, JAI  
Address: 1753 WEST FLETCHER AVE  
City-St-Zip: TAMPA, FL 33612

Title: MGRM ( ) Delete  
Name: SINGH, PARIKSITH  
Address: 1753 WEST FLETCHER AVE  
City-St-Zip: TAMPA, FL 33612

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RAUL REVELLO

MGRM

04/25/2007

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