

**2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Jun 30, 2011  
Secretary of State**

DOCUMENT# L07000076799

Entity Name: PRIMECARE GANDY, LLC

**Current Principal Place of Business:**

4543 S MANHATTAN AVE  
SUITE 101  
TAMPA, FL 33611 US

**New Principal Place of Business:**

**Current Mailing Address:**

4543 S MANHATTAN AVE  
SUITE 101  
TAMPA, FL 33611 US

**New Mailing Address:**

FEI Number: 26-0585617      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GRAYROBINSON, P.A.  
201 N. FRANKLIN ST.  
SUITE 2200  
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  
Name: REVELLO, MARTIN  
Address: 4543 S MANHATTAN AVE, STE. 101  
City-St-Zip: TAMPA, FL 33611 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: MARTIN REVELLO      MGRM      06/30/2011

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