

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000076806

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

**Entity Name:** PRIMECARE SOUTH TAMPA, LLC

**Current Principal Place of Business:**

2919 SWANN AVE  
STE 400A  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

1753 W. FLETCHER AVENUE  
TAMPA, FL 33612

**New Mailing Address:**

**FEI Number:** 26-0585533

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

F & L CORP  
ONE INDEPENDENT DRIVE STE 1300  
JACKSONVILLE, FL 32202 US

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

REVELLO, MARTIN  
1753 W. FLETCHER AVE.  
TAMPA, FL 33612 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: MARTIN REVELLO

03/30/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: REVELLO, MARTIN  
Address: 1753 W FLETCHER AVE  
City-St-Zip: TAMPA, FL 33612

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

MGR

03/30/2011

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