

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L10000002731

**FILED**  
**Jul 14, 2011**  
**Secretary of State**

**Entity Name:** PRIMECARE NORTH PLANT CITY, LLC

**Current Principal Place of Business:**

1753 FLETCHER AVENUE  
TAMPA, FL 33612

**New Principal Place of Business:**

8521 N. ARMENIA AVE.  
TAMPA, FL 33604

**Current Mailing Address:**

1753 FLETCHER AVENUE  
TAMPA, FL 33612

**New Mailing Address:**

8521 N. ARMENIA AVE.  
TAMPA, FL 33604

**FEI Number:** 27-1652915

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

07/14/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: REVELLO, MARTIN  
Address: 8521 N. ARMENIA AVE.  
City-St-Zip: TAMPA, FL 33604

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

07/14/2011

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