

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000022754

**Entity Name:** PRIME CARE SOLUTIONS LLC

**FILED**  
**Jan 31, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

522 AVENIDA HERMOSA  
WEST PALM BEACH, FL 33405 US

**New Principal Place of Business:**

**Current Mailing Address:**

522 AVENIDA HERMOSA  
WEST PALM BEACH, FL 33405 US

**New Mailing Address:**

**FEI Number:** 27-5191616

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MARIN, ANA  
730 BELVEDERE RD  
WEST PALM BEACH, FL 33405 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:** MGR  
**Name:** ARIAS, VICKIANA R  
**Address:** 522 AVENIDA HERMOSA  
**City-St-Zip:** WEST PALM BEACH, FL 33405

**Title:** MGR  
**Name:** MORENO, CHRISTOPHER  
**Address:** 522 AVENIDA HERMOSA  
**City-St-Zip:** WEST PALM BEACH, FL 33405 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:** VICKIANA ARIAS

MGR

01/31/2012

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