

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

DOCUMENT# L11000022754

Entity Name: PRIME CARE SOLUTIONS LLC

**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