

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000003410

**Entity Name:** PRIME HEALTH, LLC

**FILED**  
**Mar 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

10800 BISCAYNE BLVD SUITE 510  
MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

10800 BISCAYNE BLVD SUITE 510  
MIAMI, FL 33161

**New Mailing Address:**

**FEI Number:** 27-0345535

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GINSBURG, YISROEL  
17705 NE 9TH PLACE  
NORTH MIAMI BEACH, FL 33162 US

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

BEER, WILLY  
10800 BISCAYNE BLVD SUITE 510  
MIAMI BEACH, FL 33161 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: WILLY BEER

03/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BEER, WILLY  
Address: 3839 FLATLANDS AVENUE, SUITE 201  
City-St-Zip: BROOKLYN, NY 11234

Title: MGRM  
Name: SCHARF, CHARLES  
Address: 3839 FLATLANDS AVENUE, SUITE 201  
City-St-Zip: BROOKLYN, NY 11234

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: WILLY BEER

MGRM

03/27/2012

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