2013 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 25, 2013
Secretary of State

DOCUMENT# P00000057006

Entity Name: PRIMECARE OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

625 W. BALDWIN ROAD
SUITE C
PANAMA CITY, FL 32405 US

New Principal Place of Business:

400 E. NELSON AVE
DEFUNIAK SPRINGS, FL 32433 US

Current Mailing Address:

PO BOX 1568
LYNN HAVEN, FL 32444 US

New Mailing Address:

PO BOX 815
NICEVILLE, FL 32588 US

FEI Number: 59-3651518 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUTCHINS, C. THOMAS PRES
625 W. BALDWIN ROAD
SUITE C
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

HUTCHINS, C. THOMAS PRES
6 BALMORAL DRIVE
NICEVILLE, FL 32578 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: C. THOMAS HUTCHINS 02/25/2013
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: HUTCHINS, C. THOMAS PRES
Address: 6 BALMORAL DRIVE
City-St-Zip: NICEVILLE, FL 32578 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: C. THOMAS HUTCHINS PRES 02/25/2013
Electronic Signature of Signing Officer or Director Date