

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000081872

FILED
Oct 01, 2008
Secretary of State

Entity Name: PRIMACARE CORPORATION

Current Principal Place of Business:

2501 N GREEN VALLEY PARKWAY
SUITE 110
HENDERSON, NV 89014 US

New Principal Place of Business:

Current Mailing Address:

2501 N GREEN VALLEY PARKWAY
SUITE 110
HENDERSON, NV 89014 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F & L CORP.
ONE INDEPENDENT DR.
STE. 1300
JACKSONVILLE, FL 32202 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: ASHVIN MASCARENHAS

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: MASCARENHAS, ASHVIN
Address: 2501 N GREEN VALLEY PARKWAY, SUITE 110
City-St-Zip: HENDERSON, NV 89014 US

Title: DIR () Delete
Name: MASCARENHAS, ASHVIN
Address: 2501 N GREEN VALLEY PARKWAY, SUITE 110
City-St-Zip: HENDERSON, NV 89014 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ASHVIN MASCARENHAS

CEO

10/01/2008

Electronic Signature of Signing Officer or Director

Date