

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000085291

**FILED**  
**Mar 12, 2012**  
**Secretary of State**

**Entity Name:** PRIMECARE MEDICAL MANAGEMENT CORP.

**Current Principal Place of Business:**

4131 SW 6 ST  
MIAMI, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 351597  
MIAMI, FL 33135

**New Mailing Address:**

**FEI Number:** 26-0645265

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEILLY, BRADFORD J ESQ.  
1144 SE 3RD AVE.  
FORT LAUDERDALE, FL 33316 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ZAYAS, LUIS F  
Address: 1144 SE 3RD AVE.  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: SD  
Name: WHETSELL, ROSEMARY A  
Address: 1144 SE 3RD AVE.  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: D  
Name: NAPOLES, ESTHER R  
Address: 1144 SE 3RD AVE.  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: D  
Name: ALZUGARAY, SERGIO S  
Address: 1144 SE 3RD AVE.  
City-St-Zip: FORT LAUDERDALE, FL 33316

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: LUIS ZAYAS

CEO

03/12/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date