



**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Prime Care Family Centers Corp.  
Name of Corporation

P07000085291  
**DOCUMENT NUMBER:**

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Luis F. Zayas  
Name of Contact Person  
Prime Care Family Centers Corp.  
Firm/Company  
4131 SW 6 ST, CORAL GABLES, FL 33134  
Address  
Coral Gables, FL 33134  
City/State and Zip Code  
jrv@rrvlawfirm.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis F. Zayas 305 443-5031  
Name of Contact Person at ( ) Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Prime Care Family Centers Corp
2. The principal office address: 4131 SW 6 ST, CORAL GABLES, FL 33134

3. The mailing address (if different):

4. Date of incorporation/qualification: 07/27/2007 Document number: P07000085291

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

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

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jennifer R. Reed, Esq.
7900 Oak Lane, Suite 400
Miami Lakes, FL 33016

P.O. Box NOT acceptable

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

LUIS F. ZAYAS, PRESIDENT/CEO
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

09/20/16
Date

If signing on behalf of an entity:
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314