

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000061763

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** PRIME CARE HEALTH INC.

**Current Principal Place of Business:**

16820 SW 1ST MANOR  
PEMBROKE PINES, FL 33027

**New Principal Place of Business:**

5066 NW 104TH AVE  
CORAL SPRINGS, FL 33076 UN

**Current Mailing Address:**

16820 SW 1ST MANOR  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

5066 NW 104TH AVE  
CORAL SPRINGS, FL 33076 UN

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

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

ABDULAZIZ, JUNAID  
16820 SW 1ST MANOR  
PEMBROKE PINES, FL 33027 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: P  
Name: JUNAID, ABDULAZIZ  
Address: 16820 SW 1ST MANOR  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: CEO  
Name: SHADER, COREY  
Address: 10721 NW 48TH ST  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: CFO  
Name: PRICE, JASON B  
Address: 5066 NW 104TH AVE  
City-St-Zip: CORAL SPRINGS, FL 33076

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: JASON PRICE

CFO

04/29/2012

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

\_\_\_\_\_ Date