

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P95000064014

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** AMCA PRIMECARE MEDICAL SERVICES INC.

**Current Principal Place of Business:**

1208 S FEDERAL HWY  
DANIA, FL 33004 US

**New Principal Place of Business:**

**Current Mailing Address:**

1208 S FEDERAL HWY  
DANIA, FL 33004 US

**New Mailing Address:**

**FEI Number:** 65-0602262

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOLKOV, SELLY  
1209 NE 1ST STREET  
FT LAUDERDALE, FL 33301 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:** SELLY WOLKOV

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** WOLKOV, SELLY  
**Address:** 1209 NE 1ST ST  
**City-St-Zip:** FT LAUDERDALE, FL 33301

**Title:** D  
**Name:** WOLKOV, HANNE  
**Address:** 1209 NE 1ST  
**City-St-Zip:** FT LAUDERDALE, FL 33301

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:** SELLY WOLKOV

D

04/27/2010

Electronic Signature of Signing Officer or Director

Date