

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000061908

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** PRIME CARE MANAGEMENT CORPORATION

**Current Principal Place of Business:**

1400 HAVENDALE BLVD., N.W.  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

**Current Mailing Address:**

1400 HAVENDALE BLVD., N.W.  
WINTER HAVEN, FL 33881

**New Mailing Address:**

**FEI Number:** 59-3521958

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TUCKER, JOHN R III  
1400 HAVENDALE BLVD.  
WINTER HAVEN, FL 33881 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

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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** THOMSEN, DAVID R  
**Address:** 2427 WILDWOOD CT.  
**City-St-Zip:** WINTER HAVEN, FL 33884

**Title:** VP  
**Name:** THOMSEN, DEBRA T  
**Address:** 2427 WILDWOOD CT.  
**City-St-Zip:** WINTER HAVEN, FL 33884

**Title:** ST  
**Name:** TUCKER, JOHN R III  
**Address:** 2426 WILDWOOD COURT  
**City-St-Zip:** WINTER HAVEN, FL 33884

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:** JOHN R. TUCKER 111

ST

04/12/2010

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

\_\_\_\_\_  
Date