

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000093650

Entity Name: PRIME MED, INC.

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

681 SPINNAKER  
WESTON, FL 33326 US

**New Principal Place of Business:**

**Current Mailing Address:**

681 SPINNAKER  
WESTON, FL 33326 US

**New Mailing Address:**

FEI Number: 65-0967746

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOLT, UTE V  
681 SPINNAKER  
WESTON, FL 333262946 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: PVST  
Name: HOLT, UTE VAN  
Address: 681 SPINNAKER  
City-St-Zip: WESTON, FL 333262946

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: UTE VAN HOLT

PVST

03/17/2011

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

\_\_\_\_\_  
Date