

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000006752

**FILED**  
**Jan 10, 2014**  
**Secretary of State**  
**CC6935882775**

**Entity Name:** PRIMECARE OF CORAL GABLES, P.A.

**Current Principal Place of Business:**

299 ALHAMBRA CIR.  
CORAL GABLES, FL 33134

**Current Mailing Address:**

299 ALHAMBRA CIR.  
CORAL GABLES, FL 33134

**FEI Number:** 01-0577082

**Certificate of Status Desired:** No

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

ROSEN, JEFFREY  
299 ALHAMBRA CIR.  
CORAL GABLES, FL 33134 US

*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

**Officer/Director Detail :**

Title            D  
Name            ROSEN, JEFFREY  
Address        299 ALHAMBRA CIR.  
City-State-Zip: CORAL GABLES FL 33134

Title            TRES  
Name            KAREN, ROSEN  
Address        299 ALHAMBRA CIR.  
City-State-Zip: CORAL GABLES FL 33134

*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:** KAREN ROSEN

**TREASURER**

**01/10/2014**

Electronic Signature of Signing Officer/Director Detail

Date