

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000085291

**Entity Name:** PRIMECARE MEDICAL MANAGEMENT CORP.

**Current Principal Place of Business:**

4131 SW 6 ST  
MIAMI, FL 33134

**Current Mailing Address:**

P.O. BOX 351597  
MIAMI, FL 33135

**FEI Number: 26-0645265**

**Certificate of Status Desired: No**

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

BEILLY, BRADFORD JESQ.  
1144 SE 3RD AVE.  
FORT LAUDERDALE, FL 33316 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 PD  
Name ZAYAS, LUIS F  
Address 1144 SE 3RD AVE.  
City-State-Zip: FORT LAUDERDALE FL 33316

Title SD  
Name WHETSELL, ROSEMARY A  
Address 1144 SE 3RD AVE.  
City-State-Zip: FORT LAUDERDALE FL 33316

Title D  
Name NAPOLES, ESTHER R  
Address 1144 SE 3RD AVE.  
City-State-Zip: FORT LAUDERDALE FL 33316

Title D  
Name ALZUGARAY, SERGIO S  
Address 1144 SE 3RD AVE.  
City-State-Zip: FORT LAUDERDALE FL 33316

*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: LUIS ZAYAS**

**PRESIDENT**

**04/10/2013**

Electronic Signature of Signing Officer/Director Detail

Date