

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000085291

Entity Name: PRIMECARE FAMILY CENTERS CORP.

Current Principal Place of Business:

7765 NW 48 ST
SUITE 300
DORAL, FL 33166

Current Mailing Address:

7765 NW 48 ST
SUITE 300
DORAL, FL 33166 US

FEI Number: 26-0645265

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REED, JENNIFER R ESQ.
21345 SW 183 AVE
MIAMI, FL 33187 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 11027 GARDEN RIGDE CT
City-State-Zip: DAVIE FL 33328

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 F ZAYAS

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05/12/2021

Electronic Signature of Signing Officer/Director Detail

Date