

**2020 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

**PRESIDENT**

**03/19/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date