

**2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000085291

**Entity Name:** PRIMECARE FAMILY CENTERS CORP.

**Current Principal Place of Business:**

5590 W 20 AVE  
SUITE 300  
HIALEAH, FL 33016

**Current Mailing Address:**

5590 W 20 AVE  
SUITE 300  
HIALEAH, FL 33016 US

**FEI Number:** 26-0645265

**Certificate of Status Desired:** No

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

CASANOVA, RENE  
5590 W 20TH AVE, SUITE 300  
HIALEAH, FL 33016 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:** RENE CASANOVA

09/11/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	COO	Title	PRESIDENT
Name	ZAYAS, LUIS F	Name	CASANOVA, RENE
Address	5590 W 20 AVE SUITE 300	Address	5590 W 20 AVE SUITE 300
City-State-Zip:	HIALEAH FL 33016	City-State-Zip:	HIALEAH FL 33016

*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:** RENE CASANOVA

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09/11/2023

Electronic Signature of Signing Officer/Director Detail

Date