2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000081818

Entity Name: PRIMECARE ACQUISITION, INC.

Current Principal Place of Business:

298 S. YONGE STREET ORMOND BEACH, FL 32174

Current Mailing Address:

298 S. YONGE STREET

ORMOND BEACH. FL 32174 US

FEI Number: 27-3630489 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DUVA, CHARLES DMD 298 S. YONGE STREET ORMOND BEACH, FL 32174 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

FILED Mar 21, 2018

Secretary of State

CC6486208683

Officer/Director Detail:

Title DP Title DIRECTOR

Name DUVA, CHARLES DMD Name BARRY, WAYNE

Address 298 S. YONGE STREET Address 298 S. YONGE STREET

City-State-Zip: ORMOND BEACH FL 32174 City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR Title DIRECTOR

Name CANALIZO, JOHN Name CARAKER, MARK

Address 298 S. YONGE STREET Address 298 S. YONGE STREET

City-State-Zip: ORMOND BEACH FL 32174 City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR Title DIRECTOR

NameKNIGHT, STEPHENNameNEWCOMER, GERARDAddress298 S. YONGE STREETAddress298 S. YONGE STREET

City-State-Zip: ORMOND BEACH FL 32174 City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR Title DIRECTOR

Name ROBERTS, J JENNIFER Name WEINER, TRACY

Address 298 S. YONGE STREET Address 298 S. YONGE STREET

City-State-Zip: ORMOND BEACH FL 32174 City-State-Zip: ORMOND BEACH FL 32174

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: CHARLES DUVA MANAGING MEMBER 03/21/2018

Electronic Signature of Signing Officer/Director Detail

Date