

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000081818

**FILED  
Mar 30, 2022  
Secretary of State  
0762128595CC**

**Entity Name:** PRIMECARE ACQUISITION, INC.

**Current Principal Place of Business:**

1890 LPGA BLVD  
SUITE 130  
DAYTONA BEACH, FL 32117

**Current Mailing Address:**

1890 LPGA BLVD  
SUITE 130  
DAYTONA BEACH, FL 32117 US

**FEI Number:** 27-3630489

**Certificate of Status Desired:** No

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

DUVA, CHARLES DMD  
1890 LPGA BLVD  
SUITE 130  
DAYTONA BEACH, FL 32117 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 DP  
Name DUVA, CHARLES DMD  
Address 1890 LPGA BLVD  
SUITE 130  
City-State-Zip: DAYTONA BEACH FL 32117

Title DIRECTOR  
Name BARRY, WAYNE  
Address 1890 LPGA BLVD  
SUITE 130  
City-State-Zip: DAYTONA BEACH FL 32117

Title DIRECTOR  
Name CANALIZO, JOHN  
Address 1890 LPGA BLVD  
SUITE 130  
City-State-Zip: DAYTONA BEACH FL 32117

Title DIRECTOR  
Name CARAKER, MARK  
Address 1890 LPGA BLVD  
SUITE 130  
City-State-Zip: DAYTONA BEACH FL 32117

Title DIRECTOR  
Name KNIGHT, STEPHEN  
Address 1890 LPGA BLVD  
SUITE 130  
City-State-Zip: DAYTONA BEACH FL 32117

Title DIRECTOR  
Name NEWCOMER, GERARD  
Address 1890 LPGA BLVD  
SUITE 130  
City-State-Zip: DAYTONA BEACH FL 32117

Title DIRECTOR  
Name ROBERTS, J JENNIFER  
Address 1890 LPGA BLVD  
SUITE 130  
City-State-Zip: DAYTONA BEACH FL 32117

Title DIRECTOR  
Name WEINER, TRACY  
Address 1890 LPGA BLVD  
SUITE 130  
City-State-Zip: DAYTONA BEACH FL 32117

**Continues on page 2**

*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:** LISA LEHMAN

**DIRECTOR**

**03/30/2022**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            LEHMAN, LISA  
Address        1890 LPGA BLVD  
                 SUITE 130  
City-State-Zip: DAYTONA BEACH FL 32117