

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000081818

FILED
Mar 05, 2021
Secretary of State
3836623276CC

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

Officer/Director Detail :

Title DP
Name DUVA, CHARLES DMD
Address 298 S. YONGE STREET
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name BARRY, WAYNE
Address 298 S. YONGE STREET
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name CANALIZO, JOHN
Address 298 S. YONGE STREET
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name CARAKER, MARK
Address 298 S. YONGE STREET
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name KNIGHT, STEPHEN
Address 298 S. YONGE STREET
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name NEWCOMER, GERARD
Address 298 S. YONGE STREET
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name ROBERTS, J JENNIFER
Address 298 S. YONGE STREET
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name WEINER, TRACY
Address 298 S. YONGE STREET
City-State-Zip: ORMOND BEACH FL 32174

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: CHARLES DUVA

MANAGING MEMBER

03/05/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LEHMAN, LISA
Address 298 S. YONGE STREET
City-State-Zip: ORMOND BEACH FL 32174