

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000061763

**Entity Name:** PRIME CARE HEALTH INC.

**Current Principal Place of Business:**

2700 W CYPRESS CREEK RD  
D-114  
FT LAUDERDALE, FL 33309

**Current Mailing Address:**

2700 W CYPRESS CREEK RD  
D-114  
FT LAUDERDALE, FL 33309 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ABDULAZIZ, JUNAID  
2700 W CYPRESS CREEK RD  
FT LAUDERDALE, FL 33309 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 P  
Name JUNAID, ABDULAZIZ  
Address 2700 W CYPRESS CREEK RD  
City-State-Zip: FT LAUDERDALE FL 33309

*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:** JUNAID ABDULAZIZ

**PRESIDENT**

**03/26/2018**

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

\_\_\_\_\_  
Date